

RESEARCH CONFERENCE ON

**VIOLENCE
AND
HOMICIDE**

IN HISPANIC COMMUNITIES

September 14 & 15, 1987

**University of California, Los Angeles
Los Angeles, California**

Sponsored by:

The Office of Minority Health, Department of Health and Human Services

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University of California, Los Angeles

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AND HOMICIDE IN HISPANIC COMMUNITIES

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Dear Conference Participants:

The Office of Minority Health (OMH) within the United States Public Health Service is pleased to have co-sponsored the first Conference on Violence and Homicide in Hispanic Communities. It is an important part of the work of this Office to foster the development and dissemination of state-of-the-art information on the health of minority populations in the United States. This is especially critical to responding to the need for more data on the health of the Hispanic populations. The issue of violence in the Hispanic Community is one needing greater attention and resolution. This Conference is an important beginning.

Congratulations to the planners. We in the Office of Minority Health look forward to the continuing use of the Conference results and continuing the dialogue started here.

Sincerely,

A handwritten signature in dark ink, reading "Herbert W. Nickens", is written over the typed name.

Herbert W. Nickens, M.D., M.A.
Director
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This volume would not have been possible without the cooperation and participation of many, not only in the planning process but in the preparation and presentation of research findings. The editors are particularly grateful to the Planning Committee named in this report for their efforts to set forth the scope of the conference and to identify the scientists to present their research findings.

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TABLE OF CONTENTS

	Page
ASSAULTIVE INJURY AMONG HISPANICS: A PUBLIC HEALTH PROBLEM..... James A. Mercy	1
HOMICIDE IN NINE AMERICAN CITIES: THE HISPANIC CASE..... Margaret A. Zahn	13
LETHAL VIOLENCE IN THE CHICAGO LATINO COMMUNITY, 1965 TO 1981..... Carolyn R. Block	31
HISPANICS AND HOMICIDE IN NEW YORK CITY..... Orlando Rodriguez	67
HOMICIDE IN SOUTHERN CALIFORNIA, 1966-1985: AN EXAMINATION BASED ON VITAL STATISTICS DATA..... R. Burciaga Valdez, Parivash Nourjah	85
HOMICIDES IN BERNALILLO COUNTY: 1978-1982..... Cynthia Leyba	101
HOMICIDE AMONG HISPANICS: THE HOUSTON EXPERIENCE, 1984-86..... Daniel P. Perales, Ralph F. Frankowski	119
A HISPANIC HOMICIDE RISK MODEL FOR BORDER AREAS..... Richard Spence	135
GRIEF REACTIONS TO HOMICIDE IN HISPANIC FAMILIES..... Luis A. Vargas, Janet Hodde-Vargas, Fred Loya	151
VIOLENCE IN HISPANIC FAMILIES IN THE UNITED STATES: SOME PRELIMINARY FINDINGS ON INCIDENCE AND ETIOLOGY..... Murray A. Straus	171
FAMILY VIOLENCE IN IMMIGRANT AND NON-IMMIGRANT HISPANICS IN LOS ANGELES..... Susan B. Sorenson, Cynthia Telles	193
CULTURE AND WIFE-BATTERING AMONG HISPANICS IN NEW MEXICO..... Theresa Martinez-Garcia	205
VARIATIONS IN VIOLENCE AMONG HISPANIC GANGS..... Joan W. Moore	215
STREET SOCIALIZATION, LOCURA BEHAVIOR, AND VIOLENCE AMONG CHICANO GANG MEMBERS..... James Diego Vigil	231

TABLE OF CONTENTS (Continued)

	Page
LATINO VICTIMS OF VIOLENCE IN AN INNER-CITY TRAUMA CENTER..... Paul D. Juarez	243
INCIDENCE AND EPIDEMIOLOGIC FEATURES OF ASSAULT- AND FIREARM-RELATED BRAIN INJURIES AMONG HISPANIC AND NON-HISPANIC GROUPS IN SAN DIEGO COUNTY, CALIFORNIA, 1981..... Jess F. Kraus, Shakeh Arzemanian	257

ASSAULTIVE INJURY AMONG HISPANICS: A PUBLIC HEALTH PROBLEM

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ABSTRACT

Assaultive injury among Hispanics is a key cause of the disparity in the burden of death and illness experienced by Hispanics relative to the majority non-Hispanic white population. From 1979 to 1981, homicide accounted for 55% and 100% of the excess deaths among Mexican-born and Cuban-born Hispanic men, respectively, compared with the number of homicides they would have had if their homicide rates were similar to those for non-Hispanic whites in the United States. Homicide ranked as the second and third leading cause of death among Mexican-born and Cuban-born Hispanic men, respectively. In the Southwest, the homicide rate among all Hispanics was 47% of the rate among blacks, but almost three times the rate of non-Hispanic whites. The substantial morbidity associated with nonfatal assaults of Hispanics is also an important dimension of this problem. The problem of assaultive injury among Hispanics is not new, but the interest and attention of the public health sector is quite new. Real progress in reducing high rates of Hispanic homicide, however, will come only as the result of an organized and sustained multidisciplinary effort by public health professionals in collaboration with the criminal justice, mental health, and social service sectors.

INTRODUCTION

The predominant mode of addressing the physical and emotional consequences of injuries due to assaultive violence in this country has been reactive. Our prevention strategies are typically put into force after violence occurs. We devote a tremendous amount of fiscal and human resources to repairing assaultive injuries and apprehending, adjudicating, incarcerating, and attempting to rehabilitate violent offenders. Alternatively, we spend very little time and money on primary approaches to preventing violence, that is, approaches to prevention which reduce the susceptibility or exposure of individuals to situations or circumstances in which they could suffer assaultive injuries. One reason for this imbalance in the way we have sought to prevent assaultive violence is that violence has traditionally been defined as a criminal justice problem and the health implications of violence have been underappreciated. During the past few years, a movement has been under way to promote the idea that violence is a public health problem as well as a criminal justice problem. The public health perspective places emphasis on primary prevention. Such approaches have been successful in preventing many health problems ranging from infectious diseases to unintentional injuries. Vaccination programs and design changes in motor vehicles are examples of primary prevention that have been clearly shown to prevent death and disability.

Viewing assaultive injury as a public health problem has many potential benefits over the traditional view of violence as a criminal justice problem. First, the public health perspective broadens our horizons as to the range of potential strategies for prevention far beyond the defensive or reactive postures that have dominated traditional thinking. Second, the adoption of this perspective unleashes substantial public health research and program resources to bear on an issue -- resources which were until recently unavailable. Third, the publicity given to the public health implications of violence via the media and conferences will help to create a constituency of public support for research and programs focused on preventing violence.

A major impetus behind the movement to address assaultive injury as a public health problem came from the Task Force on Black and Minority Health of the Secretary of the U.S. Department of Health and Human Services (DHHS) in 1985 (1). This task force clearly identified the types of mortality and morbidity that account for the disparity in death and illness borne by minority groups in the United States. Homicide was identified as a major cause of this disparity. Among Mexican-born Hispanics, homicide accounted for 55% of deaths that would not have occurred had their mortality rate equalled that of non-Hispanic whites (i.e., excess deaths). Homicide accounted for 100% of the excess deaths borne by Cuban-born Hispanics. Clearly, although these data may not represent the experience of all Hispanics in the United States, they are sufficient, along with other information that we have, to indicate that to improve the health of Hispanics in the United States we cannot ignore the issue of assaultive injury.

Public Health Dimensions of Assaultive Injuries Among Hispanics

Consider the quantitative dimensions of assaultive injury among Hispanics as a public health problem. Seven factors that epidemiologists and other public health professionals use to measure the importance of a public health problem include the following: 1) magnitude of mortality, 2) rank as a cause of death, 3) rank as a cause of premature mortality, 4) magnitude of morbidity, 5) trends in morbidity and mortality, 6) economic costs of a disease, 7) potential for spread, and 8) preventability of a disease.

When considering these dimensions of public health problems, we need to keep several caveats in mind. First, in attempting to quantify the impact of assaultive injuries among Hispanics as a public health problem, we are severely limited by the availability of data. Most data sources do not identify Hispanics. Clearly, this must change if we are to mount an effective campaign to prevent violence among Hispanics. Second, the term "Hispanic" can be misleading because Hispanics in this country have diverse cultural and social origins. When possible, Hispanics of different ethnic origins will be distinguished, but again, data limitations often preclude this. Third, be careful not to assume, based on the information presented here, that assaultive violence is uniquely a Hispanic problem. Hispanics in the United States are at higher risk for homicide victimization than non-Hispanic whites, but homicide, and more generally violence, is a problem that touches all racial and ethnic groups. In fact, the weight of the available evidence strongly indicates that homicide is more strongly associated with poverty than it is with race or ethnicity (2,3).

Magnitude of Mortality

Perhaps the most widely used means of establishing the extent and importance of a public health problem is documentation of associated mortality. Unfortunately, national estimates of the magnitude of Hispanic homicide are unavailable because national data sources for homicide have not incorporated Hispanic identifiers into their data collection systems. One exception to this is the Federal Bureau of Investigation's (FBI's) Supplemental Homicide Report System (4) which, since 1980, has included a Hispanic identifier in its data collection forms. Information on this identifier, however, is missing for a high percentage of the homicide victims reported to the FBI through this system. Information on Hispanic homicide is available for the five southwestern states (Arizona, California, Colorado, New Mexico, and Texas) from special studies (5,6). Between 1977 and 1982, more than 33,000 people in the five southwestern states died as a result of homicide. Of these victims almost 10,000, or about 30%, were Hispanic. Blacks made up another 10,000 victims, and non-Hispanic whites, about 14,000. For the period from 1977 through 1982, the homicide rate in the Southwest among all Hispanics was 47% of the rate among blacks, but almost three times the rate of non-Hispanic whites.

Hispanic males appear to account for all of the elevated risk faced by Hispanics relative to whites in the Southwest (Figure 1). Rates for Hispanic females were only slightly higher than those for white females. The pattern in homicide rates by race/ethnicity and age in the Southwest clearly

indicates the high risk faced by young Hispanics and blacks (Figure 2). Homicide rates for Hispanics peaked at a younger age than those for blacks.

The data on the magnitude of mortality indicate that homicide takes a considerable toll among Hispanics in the Southwest and that within the Hispanic population young males are at highest risk. Decisions on how to allocate scarce public health resources, however, should not be made on the basis of this information alone. What we have not yet addressed is the impact of homicide on the public's health relative to the impact of other health problems. This leads us to consider a second factor -- homicide's rank as a cause of death.

Rank As a Cause of Death

In 1983, homicide was the eleventh leading cause of death in the United States. The relative rank of homicide as a cause of death, however, varied by race and age. Homicide was the fifth leading cause of death among blacks and the fourteenth leading cause among whites. For each racial groups, homicide reached its highest relative rank as a cause of death during young adulthood.

The rank of homicide as a cause of death among Hispanics in the United States is available only for some segments of the Hispanic population. For Mexican- and Cuban-born Hispanics in the United States, homicide ranks as an even more important cause of death than for whites and blacks (1). Homicide is the second leading cause of death among Mexican-born Hispanics and the third leading cause among Cuban-born Hispanics (Table 1).

Clearly, homicide is an important cause of death for at least these two major segments of the Hispanic population in the United States. These cause-of-death rankings, however, are based on the numbers of deaths attributed to each cause. Since most deaths occur among persons of older age groups, the patterns in the rankings of causes of death are dominated by the underlying disease processes of the elderly. As a consequence, when considering the impact and relative importance of a public health problem, another factor to consider is its rank as a cause of premature mortality.

Rank As a Cause of Premature Mortality

One method of measuring the impact of a health problem on premature mortality is by years of potential life lost (YPLL). When examined in terms of YPLL in 1983, homicide was the sixth leading cause of premature mortality, overall (5). For blacks homicide was the third leading cause as compared to the sixth leading cause for whites. We do not have comparable information on YPLL for Hispanics, but homicide would probably rank high among the leading causes of YPLL for Hispanics, given the peak in Hispanic homicide rates in very young age groups.

Magnitude of Morbidity

Homicide is not a condition without nonfatal consequences -- in reality, homicide represents only the tip of a very large iceberg.

Underlying homicide is a sea of nonfatal assaultive injuries and violent acts. In 1984, the ratio of nonfatal assaultive crimes reported to police to homicides was about 67:1 (4). Estimates of this ratio exceed 100:1 when we consider self-reports of nonfatal violent assaults from the National Crime Survey, and these figures are thought to underestimate the true extent of nonfatal assaultive violence in the United States (7).

Results from the National Crime Survey in 1985 indicated there were more than an estimated 2 million completed violent crimes and more than an estimated 3.5 million attempted violent crimes in the U.S. population (among persons more than age 12) (7). The same survey indicated that more than an estimated 130,000 completed violent crimes and more than an estimated 220,000 attempted violent crimes were perpetrated against Hispanics in 1985. The victimization rate per 1,000 population age 12 and older was 30.1 for both Hispanics and non-Hispanics. Forty-three percent of both Hispanic and non-Hispanic victims incurred some form of injury as a result of a violent victimization in 1985.

Trends in Mortality and Morbidity

Another factor to be considered in setting public health priorities is the temporal trend of a particular disease or injury. We would want to pay greater attention to a disease or injury that exhibited an increasing trend over time relative to a disease or injury with no trend or a decreasing trend. Again, in addressing this dimension of Hispanic homicide as a public health problem, we are limited to data from the five southwestern states. In these five states, the greatest increase in homicide rates, based on only two points in time, was found among younger Hispanics (Figure 3). Data are lacking for a period long enough to assess whether Hispanic homicide rates are truly increasing for the entire Southwest, but available data suggest that this may indeed be the case.

Economic Costs of a Disease

Another important consideration in evaluating the impact of a public health problem is economic cost. Again, we lack information specific to the economic costs of assaultive injuries among Hispanics. It is useful, however, to consider other available information on these costs. For assaultive violence, we have only a rudimentary understanding of the economic costs. National Crime Survey estimates for 1984 indicate that the cost of nonfatal violent crime to victims, that is assaults, rapes, and robberies, was 883 million dollars (8). These costs were derived by summing victims' estimates of the total amount of medical expenses, the amount of pay loss due to injuries suffered and involvement in police- and court-related activities, and the value of stolen or damaged property. These figures do not include the cost of homicide victimization. In addition, these costs do not include those incurred by our criminal justice system through the apprehension, adjudication, and incarceration of violent criminals. These figures also probably underestimate the costs attributable to the emotional trauma suffered by victims of violence who often require therapy to overcome the experience. Also missed are the expenses of treating and dealing with the syndrome of medical and psychological conditions that often emerge when a

person is repeatedly a victim of violence. For example, battered women are at higher risk of suicide attempts, alcohol and drug abuse, and depression than nonbattered women (9). Other potential costs could be listed as well, but the costs of assaultive violence may be much more extensive and insidious than those associated with most public health problems; indeed, they may extend far beyond the health-care system. Given that Hispanics are at higher risk for victimization because of assaultive injury than non-Hispanic whites, at least in the Southwest, it may be safe to assume that Hispanics bear a disproportionate share of the costs outlined here.

Potential for Spread

Another factor in considering the importance of a public health problem is the potential for spread. For example, this potential is a primary reason why the acquired immune deficiency syndrome (AIDS) is of such importance as a public health problem. In actuality, the morbidity and mortality associated with AIDS, although great, is less than that associated with assaultive violence, but the expectation that AIDS has the potential to spread is widely appreciated. Assaultive violence, on the other hand, is rarely discussed in terms of its potential to spread, yet I think that potential has been scientifically documented to some extent.

In a metaanalysis of the literature on risk factors for spousal violence conducted for CDC, the two factors found to be most highly and consistently associated with both victimization and perpetration of such violence in case-control studies were experiencing physical abuse as a child and witnessing spouse abuse as a child (10). These factors suggest that exposure to violence as a child will indeed contribute to the likelihood that a child will not only become a perpetrator of violence later in life, but a victim as well. This is an example of how violence may spread.

What about the spread of the vehicles of violent injury? Does the greater availability of and access to firearms increase the potential that an assaultive incident will result in homicide and, therefore, in a very real sense, contribute to the spread of homicide? Does the glorification and promulgation of violence on television and in other media contribute to the spread of violence? More research is needed to satisfactorily explore these questions, but, clearly, we cannot ignore the potential for spread when considering the impact and relative importance of assaultive violence as a public health problem among Hispanics or any other ethnic group.

Preventability of a Disease

The final and perhaps most difficult factor to quantify with respect to assaultive violence among Hispanics is the issue of preventability. Given scarce public health resources, it is often argued that more resources should be allocated to those public health problems that are most easily and cheaply prevented. We still have a great deal to learn about assaultive injury before we can be precise about how best to prevent these problems. But the fact that our knowledge about prevention is incomplete should not deter us from persevering in our search for solutions.

We have a fatalistic attitude about preventing violence in our society that is very similar to the fatalism that people in underdeveloped countries have toward the infectious diseases that plague them. Many of us have come to accept violence as part of our lives and are, therefore, blind to the opportunities for preventing these problems. The major impediment to progress in preventing violent death and injury is not our ignorance of the causes of these problems, but the paralyzing attitude that we cannot do anything about them.

We need to take advantage of the many opportunities for prevention. Some general examples include adopting the approaches that have been successfully applied to preventing unintentional injuries. These strategies are focused on modifying the physical environment. In addition, opportunities exist for greater collaboration and cooperation between local police, health, and social-service agencies in addressing assaultive violence. We also have the opportunity to take steps in reducing the intergenerational transmission of violence. There is no shortage of opportunities for prevention, and we should have the will and perseverance to pursue them.

CONCLUSION

I have been able to address adequately only a few of the public health dimensions of Hispanic homicide. Despite the gaps in our knowledge of Hispanic homicide and violence, there are many reasons to be optimistic about the future. Most importantly, the seeds of progress are being sewn across the country. In addition to this conference, conferences promoting a public health perspective toward violence have been held or are to be held in Dallas, Seattle, Indianapolis, Baltimore, Philadelphia, and Detroit. In addition, cooperative efforts in homicide prevention are developing in many urban areas around the country. In Atlanta and Detroit, for example, health departments are cooperating with police and many other public- and private-interest groups in violence-prevention research and programs. Physicians are working side by side with criminologists, sociologists, psychologists, epidemiologists, nurses, and engineers on research in this area. These grassroots and interdisciplinary efforts will eventually result in proven strategies for prevention.

Progress is not always the result of momentous discoveries or scientific revelations; often it is the result of changes in the way we view problems. Viewing violence as a public health problem represents a radical change in our perspective on violence that will ultimately lead to an America which is distinguished from other nations not by its propensity for violence but by its propensity for peace and harmony.

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Figure 1 . Six-Year Age-Adjusted Homicide Rates by Race/Ethnicity and Sex for Five Southwestern States, 1977–1982

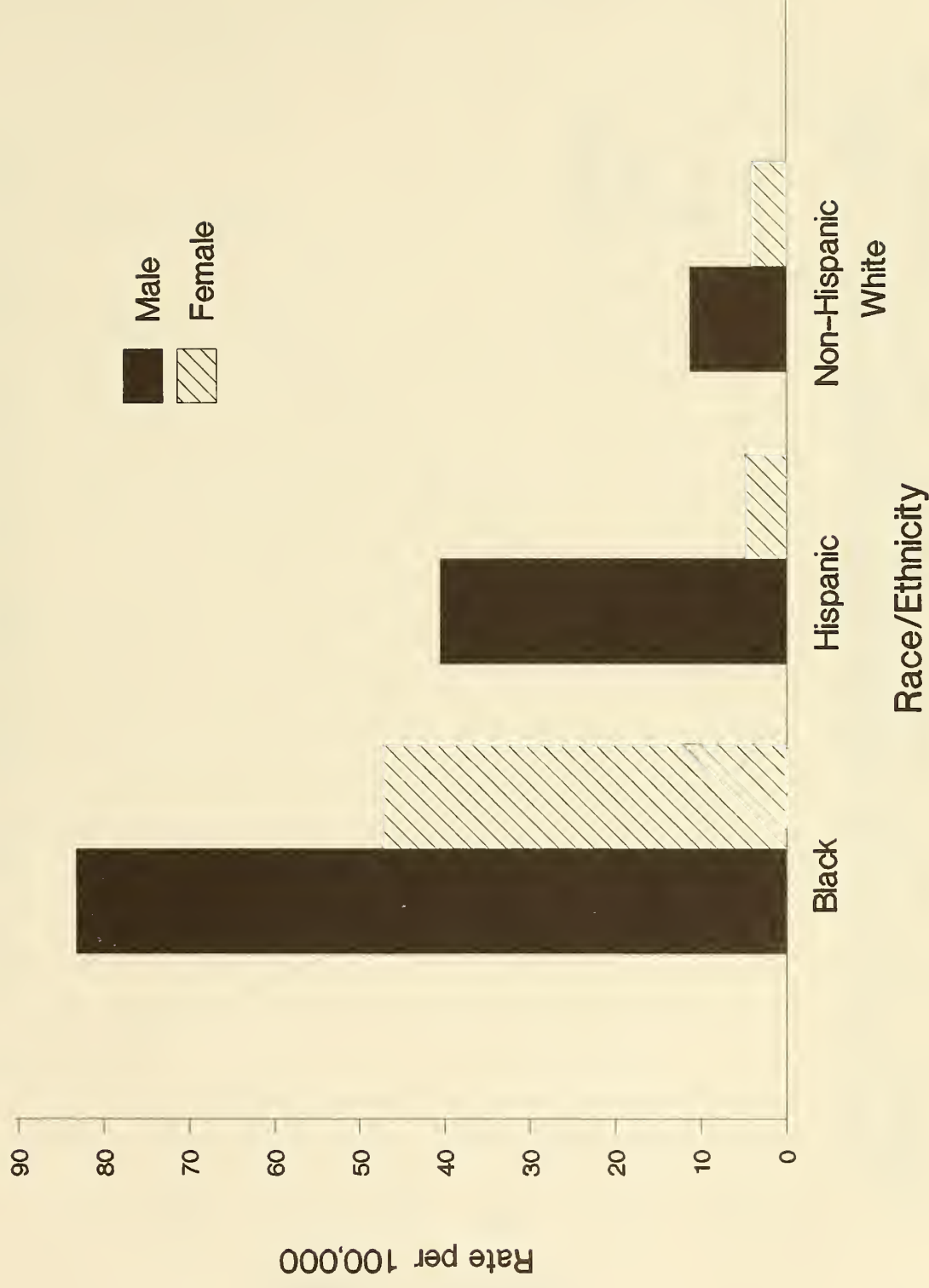


Figure 2. Six-Year Homicide Rates by Race/Ethnicity and Age Group for Five Southwestern States, 1977-1982

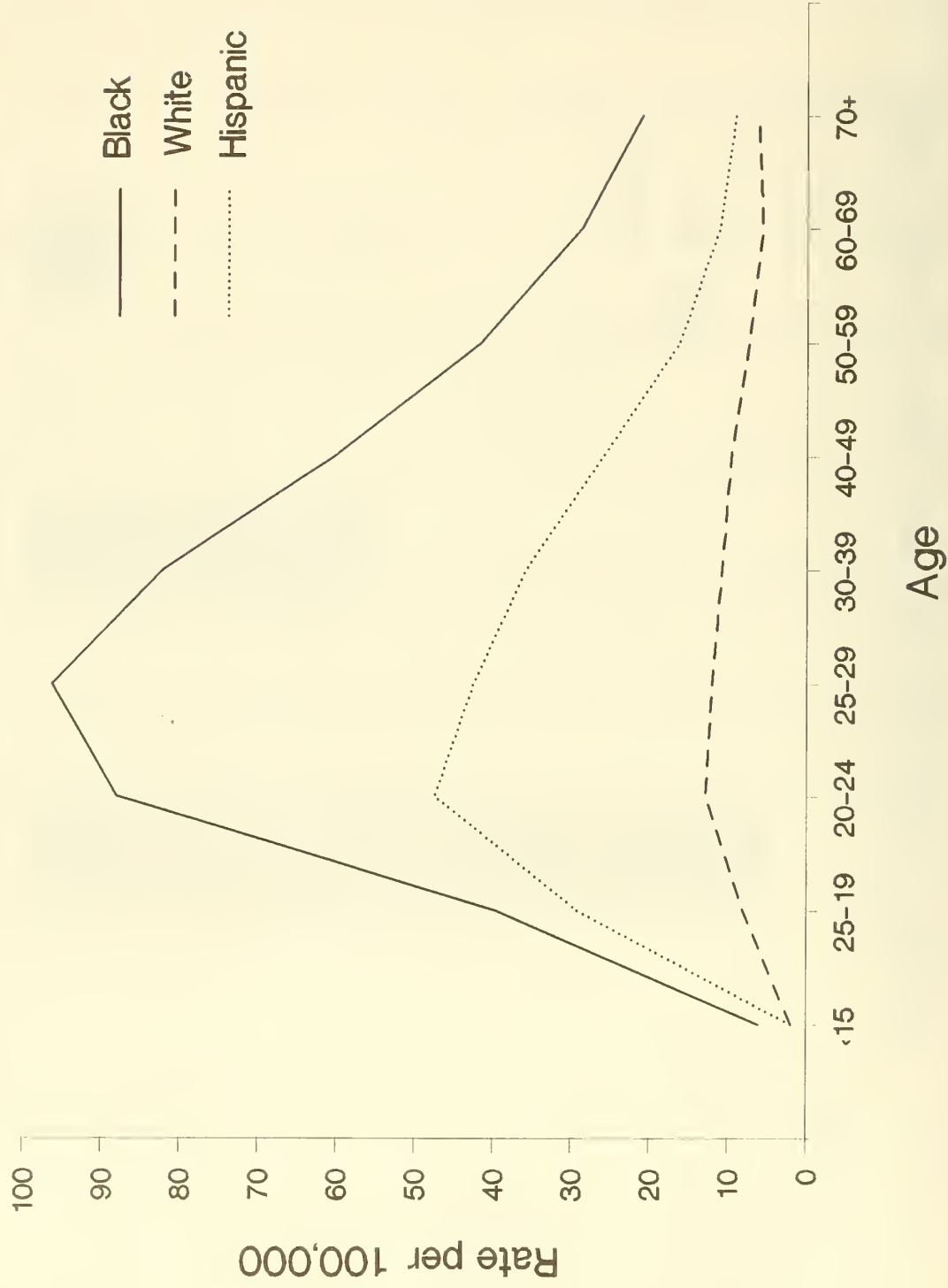
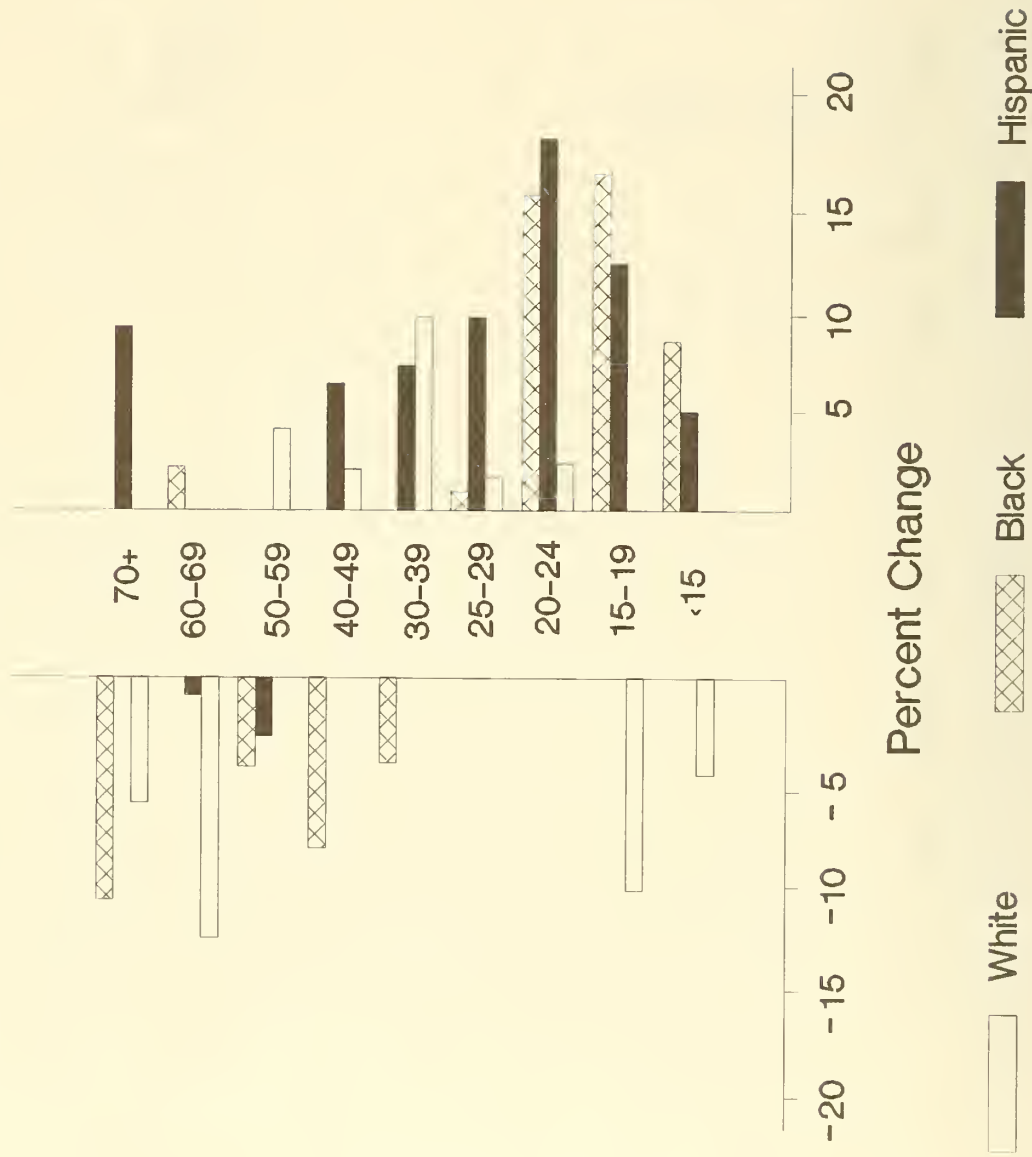


Table 1

Leading Causes of Death for Mexican and Cuban-born Hispanics,
Age 0-64, United States, 1979-1981

1. Unintentional Injuries	1. Cardiovascular Disease
2. Homicide	2. Cancer
3. Cardiovascular Disease	3. Homicide
4. Cancer	4. Unintentional Injuries
5. Cirrhosis	5. Cirrhosis

Figure 3 . Percent Change in Homicide Rates Between 1979-80 and 1981-82
by Race/Ethnicity and Age Group for Five Southwestern States



HOMICIDE IN NINE AMERICAN CITIES: THE HISPANIC CASE

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ABSTRACT

Two sets of data are examined in this paper -- all homicides during 1978 in nine United States cities and all homicides that involved a Hispanic victim or Hispanic offender (with an equal sampling of blacks and whites) during 1986 in Philadelphia. Rates of homicide victimization and offending are highest among blacks and lowest among whites; rates for Hispanics are intermediate. Hispanics are equally if not more poor than blacks in American cities, which suggests that it is not absolute poverty that affects homicide rates. Males are the dominant victim and offender in all three racial-ethnic groups. Hispanic men are especially likely to be killed by an acquaintance or friend. Hispanics are underrepresented in the killing of spouses and in intersexual killing in general. Demographic, economic, and cultural structures need to be examined in relation to homicide rates.

ACKNOWLEDGEMENT

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I wish to thank Professor Philip Sagi whose many informative discussions regarding demographic structures enlightened me, not only to the importance of demography, but also to shaping the ideas presented in this paper.

This paper was prepared for the Research Conference on Violence and Homicide in Hispanic Communities, September 14-15, 1987, UCLA. Two earlier papers contributing to this work are "Murder and Minorities: The Hispanic Case" with William C. Rickle, unpublished paper presented at the Academy of Criminal Justice Sciences, Orlando, Florida, 1986; and "Stranger Homicides in Nine American Cities," with Philip C. Sagi, *Journal of Criminal Law and Criminology*, Vol. 78, No. 2, 1987, pp. 101-121.

INTRODUCTION

The case of Hispanic homicide is important for both theoretical and policy reasons. Theoretically, two major explanations have been offered by sociologists and criminologists for differing rates of homicide between groups: the cultural and structural. Cultural explanations suggest that there are learned patterns of behavior that differ between groups, some groups, e.g., blacks, learn to use violence in more situations, and thus have higher rates of homicide. Other groups, whites, have not internalized such learning, and thus have lower homicide rates (1). In general, most studies have examined only blacks and whites with few distinguishing Hispanics from these two. The cultural argument can profit enormously by adding the Hispanic comparison.

Structural explanations (i.e., those which focus on differences in resources between groups) can also profit from such comparisons. While findings are not unambiguous, some researchers (2,3) suggest that relative poverty (i.e., felt or perceived deprivation) is related to rates of homicide, and that relative poverty may be related to certain types of homicide, namely, robbery and family homicides. Hispanic populations again have remained largely understudied in this regard. Since Hispanics constitute a group which, like blacks, are in an absolute sense in a poverty status, they also should have high rates of homicide.

National data show that Hispanics have lower family and per-capita incomes and higher unemployment and poverty rates than white persons. Table 1 illustrates some selected economic and social characteristics of the total U.S. populations of white, black and Spanish-origin persons, along with a further breakdown for persons of Mexican and Puerto Rican descent. The composite image emerging from these data shows that blacks and Hispanics are markedly similar in many economic characteristics. Persons of Mexican descent tend to have the largest family size, while those of Puerto Rican descent have the lowest incomes and the highest percentage of families living in poverty of all the groups. The overall Spanish unemployment rate in the United States is closer to that of blacks than to that of whites. If absolute poverty is the basis for homicide rates, black and Hispanic rates should be similar (Table 1).

In terms of relative poverty, the Hispanic case is complicated and, as yet, unexplored in relation to violence. The work of Piore (4) on labor force immigration as well as ongoing work on ethnic identity among Puerto Ricans (5) strongly suggest that notions of "relative poverty" are quite different for those whose referent for economic and social status is the "sending" as opposed to the "receiving" society. If the referent is the "sending" society, and that society is very poor, one may not feel poor in the new society, even though one's socioeconomic status may be very low. The concept of relative poverty seems especially important in terms of type of homicide since it may impact differently on robbery-related homicide than on other types. Comparisons between white, black, and Hispanic homicides can be quite instructive in this regard.

Practically, too, Hispanic populations are ripe for investigation. As the Census Bureau reported, via the New York Times (September 11, 1987), the Hispanic population has increased 30% since 1980, five times as fast as the rest of the population. According to another government report (6), the Hispanic population may account for one quarter of the nation's total population growth over the next 20 years. Hispanics' present 7% share of the nation's population may increase to 12% by the year 2020, 16% by 2050 and 19% by 2086. Patterns of violence in Hispanic communities, if distinctive from those of other groups, will require increasing attention in terms of social resources.

For theoretical and practical reasons, then, comparisons between white, black and Hispanic populations are important. This paper explores differences in patterns of homicide in these three groups.

Problems in the Study of Hispanics and Homicide

Definition of Hispanic. One problem in the study of Hispanics and homicide is in the definition of Hispanic. In homicide cases, is the definition to be based on Spanish surname or on police detectives' judgments of who is Hispanic? For many studies using police data (including this one), the definition is based on police judgments. However, we do not know on what basis police officers make such judgments and the degree of uniformity between them in such decisions. Further, the term Hispanic can be used to cover many diversities between the groups, in particular, differences between those of Mexican, Puerto Rican, Cuban and other Spanish origins. Generally, to avoid the problem of combining patterns that may differ between Mexicans and Puerto Ricans, these groups might better be considered separately. In this particular study, the data were originally analyzed separately for Puerto Ricans, Mexicans, and Other Spanish. However, differences between groups were small and given that the case size became very small with this procedure the categories are combined for presentation in this paper.

Rate computation. A second problem in studies of homicide and Hispanics lies in the computation of homicide rates. At the level of individual cities the population counts given by the U.S. Census reflect the fact that "Spanish origin" and "race" are two different variables. Therefore, Hispanics are often counted in both classifications. On the average, about half of all Hispanics identified themselves as "white," about 40% as "other" and 10% (mostly of Caribbean origin) as black. Consequently, the white population-base figures will be slightly inflated. In the same vein, poor minorities (especially young adult males) tend to have the highest rate of census undercount, a factor further aggravated by the difficulty in gathering reliable census data on undocumented aliens. To some extent, then, the white offense and victimization rates reported here will be slightly biased in a downward direction, and black and Hispanic rates in an upward direction. In this paper there has been no attempt to compensate for these biases; readers, however, should be aware that they exist. It should be noted that in the sample of homicide victims and offenders, black, white and Hispanic are discrete categories with no crossover or double count. The number of homicide victims and offenders,

then, do represent accurate counts aside from the ambiguity of social and ethnic identifications which may arise from differences in police officers' judgments. Given the census problem, percentage analysis and comparison of rates will both be used in this paper. The comparison of rates should be viewed by "order of magnitude" rather than attributing to them a degree of precision they do not possess.

Defining Homicide Type

While many studies discuss homicide in general, it is more instructive to analyze homicide according to different types. A typology frequently used in homicide research is based on the victim-offender relationship. Classification schemes for such relationships, however, are highly variable thus rendering many studies noncomparable. While it is impossible in this particular paper to discuss the many variations (7), it is worth noting that most studies do have a within-family category (sometimes called primary) and a friends and acquaintance category. Both of these categories will be used in this research as well. The research literature to date has by and large associated robbery- or felony-related murders with stranger killings as if they are synonymous. This paper, in contrast, will distinguish between two types of stranger murder: those associated with felonies such as robbery, rape, burglary, and those not associated with another felony. Statistical evidence from a national study (8) suggests that stranger felony and stranger nonfelony homicides may be distinct.

METHODS

The 1978 Nine Cities Sample

Data for this report were drawn from a nation-wide study of the nature and patterns of homicide in the United States (8). Nine cities were selected for study: Philadelphia and Newark (in the Northeast); Chicago and St. Louis (in the North Central); Memphis and Dallas (in the South); and Oakland, San Jose and Ashton (code name required by police chief) (in the far West). In all cities except Chicago, data on all cases of homicide in the year 1978 were collected. In Chicago, because of the large number of homicide cases (over 800), a 50% sample was drawn.

Police and medical examiner records for all homicide cases which had occurred in 1978 were obtained, and information on characteristics of the offenders, the victims, and a variety of elements surrounding the homicide event were coded.

Data on 1,748 homicide cases in these nine cities were collected. Police killings and those in which offender-victim relationship remained unknown were eliminated from analysis. Since many of the murders with an unknown victim-offender relationship are likely to be stranger killings, conclusions regarding the characteristics of the type of killings, especially stranger killings must be considered tentative. After eliminating police killings and killings in which the relationship was

unknown, 1,373 homicide cases with known victim-offender relationship remained.

Victim-offender relationships were classified into four types: within-family, friends and acquaintances, stranger felony, and stranger nonfelony.

The 1986 Philadelphia Sample

To help assess whether the patterns found in 1978 prevail in 1986, an additional study was undertaken. For the year 1986, all cases in Philadelphia involving a Hispanic victim or a Hispanic offender were surveyed, using local police department records. A sample of black and white cases was also drawn by selecting one black case and one white case immediately following each Hispanic case. The total sample consisted of 39 Hispanic cases (i.e., where either a victim or offender was Hispanic) and an equal number of black and white cases. The black and white cases were then weighted by their appropriate fraction in the homicide population to equal the total the number of homicide cases in the city of Philadelphia for that year. The total number of cases in the city was:

Black victims	235	68.0%
White victims	75	22.0%
Hispanic victims	36	10.0%
Total victims	346	100.0%

It should be noted that the majority of "Hispanics" in Philadelphia are of Puerto Rican descent, so findings from the Philadelphia-only component of the study apply primarily to this population.

RESULTS

The Nine Cities

Demographic characteristics. Rates of victimization and offending for Hispanic males were intermediate between those of black and white males (Table 2). Black males had the highest rates (84.4 per 100,000) and white males the lowest (16.2 per 100,000) for the male groups. Hispanic females, similarly, had rates of victimization that fell between those of black and white females. Hispanic females, however, had very low rates of offending (1.7 per 100,000) which were similar to those of white females (1.2). This study, as many that have preceded it, showed that the volume of victimization and of offending varies dramatically by both race-ethnic categorization and by gender.

The age characteristics of both victims and offenders were also different for the racial-ethnic groups (Table 3). White victims and offenders were the oldest, and Hispanic victims and offenders were the youngest of the groups. The mean age of Hispanic male victims and offenders was 29.4 and 27.4, respectively. The mean age of the Hispanic

female victims was 26.5 years, the youngest of all victims. Victims were generally older than offenders in all three groups, with the disparity being greater for whites than for the other two racial-ethnic groups.

Method Used to Kill and Race-Ethnicity. Most victims in all three racial-ethnic groups were killed with guns. One-quarter within each group were killed with a knife. The only difference in patterns of victimization (and here the difference was small) was in beatings. There are also few differences in method of killing by race of the offender.

Victim-Offender Relationships and Ethnicity. As reported earlier, the relationships of victim and offender were categorized into four types: within-family, friends and acquaintances, stranger felonies, and stranger nonfelonies. Homicide victimization varied somewhat by ethnicity (Table 4). In all three ethnic groups, victimization was greatest among the friend and acquaintance category. After that, differences between races emerged. Hispanics had a lower percentage of within-family homicides than blacks or whites, although the differences were not large. Hispanics also were more likely than the other two groups to be killed in a nonfelony-related stranger relationship. Whites, conversely, were more likely to be killed in a stranger-felony situation, twice as likely as black and Hispanic victims.

All three groups were most likely to kill a friend or acquaintance (Table 5). A smaller percentage of Hispanic offenders killed within the family than their black and white counterparts. Hispanics had a somewhat lower percentage of felony-related killings as well. A much higher percentage of Hispanic offenders killed in stranger nonfelony contexts than did the other two groups.

While a percentage analysis confirmed less killing within the Hispanic family, a rate analysis did not confirm this (Tables 6 and 7). Rates of victimization and offending were highest in all types of killing for black males. Hispanic males were somewhat more likely than white males to be killed within the family, slightly less likely to be killed in a felony attempt, and twice as likely to be killed in a stranger-nonfelony relationship. Females in all three racial-ethnic groups were killed mostly within intimate circles and their offending was done there, too. Hispanic females had rates of offending within the family that were lower than rates of all other groups.

Within-Family and Cross-Sex Homicides by Ethnicity. Killings within Hispanic families are much less concentrated on spouses than killings within black or white families (Table 8). Forty-seven percent of whites killing in the family killed a spouse; 56% of blacks did likewise, whereas only 18% of Hispanics killing within the family killed a spouse. Hispanic family killings had a higher percentage of killings involving parent-child relationships, although the number was small and did not take into account that the number of children in Hispanic families may be greater than the number in black or white families, and thus greater numbers of members may be at risk. Hispanics also had a higher percentage of killing other family members than did blacks or whites.

The differences in spousal killings by race suggest a possible difference between ethnic groups in husband-wife relations or a difference in intersexual relations in general. To test notions about this, all homicides were divided into the following groups: those with a male killing a male; those with a male being killed by a female; those with a male killing a female; and those involving a female killing a female. While in all three racial/ethnic groups a male killing a male was the most prevalent type, the proportion of cases of males killing males was much higher in the Hispanic group in comparison to whites and blacks (Table 9). The extent to which males kill females was also half the percentage among Hispanics as among black and whites. These intersexual findings held also when age of the victim was controlled.

Hispanic Homicide in Philadelphia, 1978 and 1986

There is no difference in the number of Hispanic victims in Philadelphia in 1978 and 1986 (N = 36 in both years). The number of known offenders has increased, however, from 16 to 33. Although the numbers are small, the findings show little difference in victims' ages.

In general, victims in all three racial/ethnic groups were getting older, with white victims being the oldest. Offenders in all three groups were younger, with Hispanic offenders being the youngest (Table 10).

The differences in patterns of victimization and offenses by sex and race were minimal between 1978 and 1986. Males dominated the victim and offender ranks in all three ethnic groups in 1978, and even more so among Hispanics. Ninety-five percent of Hispanic offenders were male; only 5% of Hispanic offenders were female. The corresponding percentages for whites were 91.7% male and 9.3% female; for blacks, the percentages were 87.6% male and 12.4% female. There was little difference in 1986. There was some increase in the percentage of white women who offend, but no change in percentage of male versus female offenders for Hispanics or blacks. The most pronounced finding regarding sex is that Hispanic women are the least likely of any group to be offenders, a finding which has remained from 1978 to 1986 in Philadelphia.

There were differences from 1978 to 1986 in method of victimization by race/ethnicity. While one half of all victims in Philadelphia were killed by a gun, 70% of the Hispanics were shot to death. Stabbing was more pronounced in the black group, almost double the frequency of 1978. And while whites were most frequently killed with a gun, the number killed by beating was greater than in the other two groups; that percentage doubled from 1978 to 1986.

Victim-Offender Relationships, 1978 and 1986

For both 1978 and 1986, a friend killing a friend was the dominant type of homicide in all three racial/ethnic groups. The percentage of victims killed in the family remained stable with a higher proportion of white victims being killed in the family and a lower percentage of Hispanic victims being killed in the family in both time periods.

The stranger felony and stranger nonfelony categories showed the greatest differences between the two time periods, with fewer Hispanics killed in stranger felonies in recent times in Philadelphia. Both whites and Hispanics were victimized in stranger nonfelony situations much more frequently in 1986 than in 1978, and blacks were less so. In fact, not one black in the 1986 sample was killed in a stranger nonfelony situation.

Regarding offenders, most in all three groups offend among friends and acquaintances in both 1978 and 1986. By 1986, however, there was a decrease in this type of killing for blacks and whites and an increase for Hispanics. Forty seven percent (47%) of Hispanic offenders killed a friend or acquaintance in 1978, while 70% did so in 1986. Offending in the family increased for whites, remained the same for blacks and decreased for Hispanics. The major differences were in the stranger categories, with the stranger felony showing marked change. In 1978, although more blacks committed stranger felony killings, the proportion within each ethnic group who committed felony homicides was not markedly different. In 1986, however, a third of blacks who killed did so in a felony while only 5% of whites who killed did so, and no Hispanics did (Table 11).

Stated another way, the context of stranger killing changed most from 1978 to 1986. Ninety-six percent of felony-associated homicides were committed by blacks in 1986 while three-fourths (75%) were in 1978. Stranger nonfelony killings have correspondingly become more white- and Hispanic-dominated, with the percentage increasing 200% in both groups for this type of offending.

SUMMARY AND CONCLUSIONS

Rates of homicide. Victimization and offending vary dramatically by race-ethnicity in all cities studied. As has been demonstrated in numerous studies previously, blacks have much higher rates of victimization and offending than the other two groups. The rate for Hispanics was intermediate between blacks and whites in all cities studied. This is especially important in view of the fact that Hispanics are equally, if not more poor than blacks in American cities, suggesting that it is not absolute poverty that affects the homicide rate.

While the volume of homicide was race-ethnic dependent, its distribution by sex, age, and (to some extent) the method used to kill were not. In all three racial-ethnic groups, males were the dominant victim and offender, and the age distributions were relatively homogeneous, although Hispanic victims and offenders were younger and whites older than the average. (These differences very likely represent basic age structure differences in city populations.) One interesting difference in the distribution of homicide occurred in relation to Hispanic, black and white women. Black women clearly killed and were killed more than women in the other two groups. Hispanic women were especially unlikely to kill, although many are in single-parent households and have more children, thus, perhaps, experiencing more stress than either black or white women. Clearly, a greater understanding of

Hispanic women in comparison to women of other racial-ethnic groups needs to be obtained, especially regarding factors which keep her, even when poor and with many children, from expressing frustration through lethal violence.

The findings in this paper are congruent with previous research (9,10). The most important difference documented in the nine-cities study (true for the cities individually and collectively) was the difference in contexts in which different racial-ethnic groups were victimized and in which they killed. The acquaintance or friend relationship between men carried the highest risk of victimization and offending for all three groups, although it was even more dominant for Hispanic men. The relationship between spouses, and other intersexual relationships, also showed important ethnic differences. Hispanics were underrepresented in the killing of spouses and in intersexual killing in general. Further, there was a higher percentage of Hispanics killing in stranger nonfelony contexts than in the other two groups. Clearly, type differs somewhat for different racial-ethnic groups.

Challenges to Theory and Further Research

These findings present some challenges to cultural, structural and demographic theories.

Cultural explanations of homicide have tended to stress differences in learning and expression of violence. Components influencing such learning (e.g., religion and notions of masculinity and femininity) need to be examined. It may not be accidental that Hispanics, who are predominantly Catholic, have a lower percentage of intersexual killing. Catholic views of authority or of family may be partly responsible for such differences. Female and male definitions of masculinity and femininity also require attention. Lethal conflict may be less for Hispanic spouses because women view themselves as non-active in relation to men, or because of a "Madonna complex" in men. Neither of these possibilities have been examined in relation to homicide and deserve to be. Such examination would require going to data sources other than police and medical examiners for information.

Structural explanations, especially the notions of absolute poverty, relating both to volume and type of homicide are called into serious question by the Hispanic data. That of relative poverty remains to be examined. Here comparisons between recent arrivals and long-term residents, and between those arriving under different circumstances of migration also require examination, for those who migrate to escape persecution may feel rich, even if they are monetarily poor.

Demographic theory, especially sex ratios and the age structure of populations, also needs to be systematically examined especially in relation to type of homicide. Examination of the sex ratios of the nine cities comprising this study showed (using 1980 census data) that females outnumbered males for both whites and blacks in these cities (especially so for blacks), but was near parity for Hispanics. While the census undercount of black males is a factor that cannot be ignored, there is no reason

to suspect that that undercount is greater than that for Hispanic males, and in fact, may be less given the undocumented immigrant population among Hispanics. This suggests that in evenly balanced situations, or even where there may be more males, there may be less spousal killing. Competition for spouses may be greater in this context and with that the desire for both greater control of the female and less willingness to kill. The greater friction between males and the tendency for their high percent of killing in the male-male friend context may be explained by the same argument. While the increased competition for mates may explain why there is less spouse killing and more male-male friend killing among Hispanics, it does not explain differences in rates of overall killing between ethnic-racial groups. Differences in age structure may also affect type of homicide. The disparity in age structures, aged white populations, and young minority populations in cities may be associated with greater robbery and robbery homicide. In general, then, the demographic structures of cities may help explain differences in type of homicide between social groups and in different periods of time. It may not explain, however, varying volumes of homicide.

In sum, demographic, economic and cultural structures all require examination in relation to homicide. Such examination may be most important to our understanding of ethnic differences in homicide noted in this paper.

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Table 1

Selected Social and Economic Characteristics of U.S. Population
by Race, Spanish Origin, Type of Spanish Origin (U.S. Summary, 1980)

	White (Not Spanish)	Black (Not Spanish)	Total Spanish	Mexican	Puerto Rican
Percent males, 16 and over in labor force, weeks unemploy- ment in 1979	5.8	11.7	8.7	8.7	11.3
Median family income, 1979	\$21,014	\$12,627	\$14,712	\$14,765	\$10,734
Per capita income, 1979	7,942	4,556	4,586	4,231	3,905
Persons per family	3.32	3.95	4.13	4.46	3.82
Percent families below poverty level	6.6	26.4	21.3	20.6	34.9
Percent families below 125% of poverty level	9.7	33.7	28.3	28.3	42.4

Data Source: U.S. Census, 1980. General Social and Economic Characteristics,
Vol. 1. United States Summary. Tables 170, 171.

Table 2

Rates of Victimization and of Offending by Race and Sex
(per 100,000 population)

	Victimization	Offending
<u>Male</u>		
White	16.2	10.5
Black	84.4	72.7
Hispanic	46.8	42.8
<u>Female</u>		
White	3.6	1.2
Black	14.4	13.2
Hispanic	5.3	1.7

Table 3

Average Age of Homicide Victims and Offenders
by Race/Ethnicity and Gender, Nine Cities, 1978

	Victim's Average Age	Offender's Average Age
<u>Male</u>		
White	38.2	32.0
Black	32.2	30.2
Hispanic	29.4	27.4
<u>Female</u>		
White	40.0	34.1
Black	30.1	30.1
Hispanic	26.5	29.2

Table 4

Frequency and Percent of Homicide Victimizations in Four Types
of Homicide by Race/Ethnicity of Victim, Nine Cities, 1978

	<u>RACE OF VICTIM</u>						
	<u>White</u>		<u>Black</u>		<u>Hispanic</u>		<u>Total</u>
	<u>n</u>	Percent	<u>n</u>	Percent	<u>n</u>	Percent	<u>N</u>
Family	53	17.1	170	18.8	21	14.7	244
Friend	119	38.4	532	59.0	79	55.2	730
Stranger Felony	88	28.4	104	11.5	20	14.0	212
Stranger Nonfelony	50	16.1	96	10.6	23	16.1	169
Total	310	100.0	902	99.9	143	100.0	1,355

Table 5

Frequency and Percent of Offenders in Four Types of Homicide
by Race/Ethnicity of Offender

	<u>White</u>		<u>Black</u>		<u>Hispanic</u>		<u>Total</u>	
	<u>n</u>	Percent	<u>n</u>	Percent	<u>n</u>	Percent	<u>N</u>	Percent
Family	51	25.6	168	18.9	20	13.6	239	19.4
Friend	96	48.2	515	58.0	80	54.4	691	56.0
Stranger Felony	29	14.6	117	13.2	17	11.6	163	13.2
Stranger Nonfelony	23	11.6	88	9.9	30	20.4	141	11.4
Total	199	100.0	888	100.0	147	100.0	1,234	100.0

Table 6

Rates of Victimization in Four Types of Homicide
By Race and Sex of Offender

	Males			Females		
	White	Black	Hispanic	White	Black	Hispanic
Family	1.6	10.9	3.7	0.8	4.3	1.7
Friend	4.7	41.5	21.5	1.0	6.5	1.9
Stranger Felony	3.7	8.7	3.5	0.7	0.7	1.5
Stranger Nonfelony	2.5	7.0	5.7	0.2	0.8	0.0
Unknown and Other	3.7	16.3	12.4	1.0	2.1	0.2
Total	16.2	84.4	46.8	3.7	14.4	5.3

Table 7

Rates of Offending in Four Types of Homicide
by Race and Sex of Offender

	Males			Females		
	White	Black	Hispanic	White	Black	Hispanic
Family	1.4	8.7	4.3	0.9	6.0	0.4
Friend	4.4	41.2	22.1	0.3	5.7	1.1
Stranger Felony	1.4	11.4	4.5	0.0	0.5	0.0
Stranger Nonfelony	1.1	7.1	8.4	0.0	0.7	0.2
Unknown and Other	2.2	4.2	3.5	0.0	0.2	0.0
Total	10.5	72.7	42.8	1.2	13.1	1.7

Table 8

Number and Proportion of Family Killings that Involve Spouses, Children and Parents, Other Family Relations by Race/Ethnicity

	<u>White</u>		<u>Black</u>		<u>Hispanic</u>		<u>Total</u>
	<u>n</u>	Percent	<u>n</u>	Percent	<u>n</u>	Percent	<u>N</u>
Spouse	25	47.2	92	56.1	4	18.2	121
Parent/ Child	17	32.1	32	19.5	10	45.4	59
Other Family	11	20.7	40	24.4	8	36.4	59
Totals	53	100.0	164	100.0	22	100.0	239

Table 9

Frequency and Percent of Homicides in Three Racial/Ethnic Groups by Sex of Victim and Sex of Offender, Nine Cities, 1978

Victim's Race	Male Victim- Male Offender		Male Victim Fem. Offender		Fem. Victim- Male Offender		Fem. Victim- Fem. Offender		Total
	<u>n</u>	Percent	<u>n</u>	Percent	<u>n</u>	Percent	<u>n</u>	Percent	<u>N</u>
White	215	71.7	25	8.3	53	17.7	7	2.3	300
Black	582	66.1	142	16.1	142	16.1	15	1.7	881
Hispanic	123	84.2	8	5.5	13	8.9	2	1.4	146
Total	920 (69.3)		175 (13.2)		208 (15.7)		24 (1.8)		1,327

Table 10

Average Age of White, Black, and Hispanic Victims and Offenders,
Philadelphia, 1978 and 1986

<u>Victims</u>	<u>1978</u>	<u>1986</u>
White	40.2	46.7
Black	33.2	34.0
Hispanic	27.7	29.9
Total	34.2	36.3
<u>Offenders</u>		
White	33.0	29.6
Black	31.6	29.0
Hispanic	30.2	25.5
Total	31.8	26.6

Table 11

Percentage of Known Offenders in Four Types of Homicide
by Race-Ethnicity of Offenders, Philadelphia 1978 and 1986

	<u>1978</u>			<u>1986</u>		
	White	Black	Hispanic	White	Black	Hispanic
Family	25.6	15.4	29.4	33.0	13.9	14.8
Friend	51.2	59.4	47.1	47.6	50.0	74.0
Stranger Felony	11.6	10.9	11.8	4.8	33.3	0
Stranger Nonfelony	11.6	14.3	11.8	14.5	2.8	11.1

LETHAL VIOLENCE IN THE CHICAGO LATINO COMMUNITY, 1965 TO 1981

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ABSTRACT

Data on 12,872 Chicago homicides from 1965-1981 show victimization rates of 68.9 and 5.4 per 100,000, respectively, for Latino males and females. A profile of a "typical" homicide in the Latino community in Chicago is a homicide that was the outcome of an altercation between teenage or adult men, often in a group, and almost always away from home. Attacks within the home or on vulnerable people (e.g., young children, the elderly, women) occur rarely among Latinos. Firearms were equally likely to be the weapon among all ethnic/racial groups. Homicides of male Hispanics were more likely but homicides of female Hispanics were less likely than Anglo or Black homicides to involve the presence of alcohol.

THE LATINO COMMUNITY IN CHICAGO

A serious flaw in much homicide research is that it ignores victimization risk patterns and offender rate patterns that are extremely different for racial/ethnic, gender, and age groups. This is not to say that the typical analysis of homicide fails to include the obligatory breakdown by victim and offender demographics. However, these total figures are not illuminating unless they are calculated for separate types of circumstances (assault homicides versus robbery homicides) and unless a separate analysis is conducted for each combined age-gender-racial/ethnic group.

There are, unfortunately, few homicide data sets in which such minute disaggregation as assault homicide versus robbery homicide and age-gender-race/ethnicity is possible. To analyze, for example, the risk of domestic homicide for Latino women requires a data set large enough and specific enough to contain a minimal number of cases for analysis.¹ The Chicago homicide data set, which includes data on 12,872 homicides over a seventeen-year period, does support such a detailed analysis.² Thus, with the Chicago homicide data set, it is possible to answer questions that could not previously be answered, questions that need to be answered if homicide prevention programs are to succeed.

Various estimates indicate that Chicago, the "northernmost Hispanic stronghold in the United States" (1), has increased its Latino population dramatically since 1970. In 1980, Illinois was fifth in the nation, and Chicago was third in the nation, in its Hispanic population (2). Unlike most other cities, Chicago has a diverse Hispanic population: in 1980, about 61% were of Mexican origin, 26% of Puerto Rican origin, 3% of Cuban origin, and 10% from other Latin American countries.

A recent analysis of Chicago community areas (3) found that 36% of the communities were predominantly non-Latino white in 1980, 41% were non-Latino black, and 7% (five community areas) were Latino. The low proportion of integrated communities reflects the status of Chicago as the most segregated of U.S. cities having large black populations (4). The Latino population is considerably younger and has a higher proportion of males than the non-Latino population; this is important in crime patterns, and is another reason for the disaggregated analysis in the present report. The Hispanic neighborhoods are quite poor -- in a five-variable summary of "quality of community life" including gang homicides, serious delinquent arrests, unemployment, percent below the poverty level, and housing costs, Curry and Spergel (3) found that the five Hispanic communities were all below the city median. In comparison, 85% of the non-Latino black and only 7% of the non-Latino white communities fell below the median.

THE PRECIPITATING CIRCUMSTANCES OF HOMICIDE

Homicide is not one crime, but many types of crime. Aside from gangland "hits" and murder-for-hire, almost all homicides begin as another crime, which then escalates to murder. Most begin as a fight, brawl, or

argument in which the "winner" becomes the defendant, and the loser is dead. Others are a robbery, a rape, or a burglary that went too far. Beginning with extensive analyses of assault and assault homicide, and robbery and robbery homicide in Chicago (5-8), continuing with analysis of Boston (9) and national analyses (10-11), and including current analysis of Dallas (12), research has found that:

. . . violent crimes in which death occurs are very similar to other forms of criminal violence. Fatal and nonfatal criminal violence differ only in the choice of weapons and in characteristics of the crime that are likely to affect the probability of police notification. (6, pp. 32-33)

The results of this body of research indicate that homicide is not a monolithic crime; there is no single kind of crime called "homicide." Instead, there are extremely serious assaults, robberies, burglaries, and rapes.

There are considerable differences in patterns of Latino, non-Latino white, and non-Latino black homicide, according to whether the homicide began as a fight, brawl, or argument (assault homicide), as a robbery, as a rape, or as a burglary. Because almost every type of homicide has different characteristics within different age-gender-racial/ethnic groups, homicide prevention strategies must also differ.

Non-Latino black homicide victims, and to a lesser extent, Latino homicide victims, are more likely than the other two racial/ethnic groups to be killed in a homicide that began as a fight, brawl, or argument (Table 1). Rape homicide is more common for the "other" racial/ethnic category, and less common for Latinos. Although there were some Latino rape homicide victims in the seventeen-year period, there was no rape homicide attributed to a Latino offender (13). Non-Latino white homicide victims, both male and female, are more likely than Latino or non-Latino black victims to be killed in a robbery homicide; males, in general, and "Asian and other" males also are likely to be killed in a robbery homicide.

In general, a smaller proportion of Latino homicide victims are female, compared to other racial/ethnic groups. In assault homicides, 8.2% of the Latino victims, 28.5% of the non-Latino white victims, 31.8% of the non-Latino black victims, and 34.4% of the other victims are female. In robbery homicides, 5.6% of the Latino victims, 17.3% of the non-Latino white victims, 11.8% of the non-Latino black victims, and 6.5% of the other victims are females.

Part of the reason for this is that the Chicago Latino population has the relatively high ratio of males to females that is typical of an immigrant population. However, a rate calculation (Table 2) controls for this, and the male Latino victimization rate is 12.8 times the female rate, while the non-Latino white male rate is only 3.5 times the female rate, and the non-Latino black and "other" male rates are also low -- 5.4 and 5.1 times the female victimization rates.³ This difference is especially strong in assault homicide victimization rates where the Latino male rate

is 14.7 times the female rate, but the non-Latino white, non-Latino black, and "other" male rates are only 3.1, 5.4, and 3.0 times the respective female rate. Latino women, like non-Latino white and "other" women, have a relatively low risk of being a homicide victim. In sharp contrast, Latino men have a risk of homicide victimization that far exceeds that of non-Latino white or "other" men and approaches the high risk for non-Latino black men. Even though Latino males and females live in the same Chicago communities described by Curry and Spergel as having a low "quality of community life," Latino girls and women seem to be protected from the lethal consequences. However, the cultural forces that protect Latino girls and women do not, apparently, protect Latino boys and men.

Victimization rates differ by age group as well as by gender. For males, in general, the risk of assault homicide peaks in the twenties. However, for Latino males, the risk peaks somewhat earlier, from age 15 to 19. The risk of homicide of babies and young children is lower in the Latino community, especially for girls. The homicide risk of elderly people is also much lower. Among non-Latino whites, the risk of robbery homicide increases among the elderly. In contrast, robbery homicide is very rare among Latino elderly people.

ASSAULT HOMICIDE IN THE CHICAGO LATINO COMMUNITY

A homicide that begins as a fight, brawl, or argument can be thought of as a type of aggravated assault, one in which the victim was injured so seriously that death resulted (5-6,14-16,17 p. 328). Many of these assaults begin as an argument in which the victim participates. In fact, it may be difficult to distinguish the victim from the offender at the outset; the person who dies becomes the victim, and the person who lives becomes the offender. In a fight or brawl, the offender usually does not make a rational choice of time, location, or weapon. Even the victim is not rationally chosen. While the offender in an instrumental homicide, such as robbery, may decide to attack a weaker or richer victim, the offender in an assault homicide may not rationally consider the victim's strength. Assault homicides, like assaults, are committed against people who are available, with available weapons, and at available times and places. Family members, particularly those who share a home, interact more frequently with each other than with others; they are available to each other for all kinds of interaction, including homicide.

Latino assault homicide victims are less likely than others to have been killed by a family member (Table 3). Of the risk of assault homicide victimization for Latinos (about 20 per 100,000 population) only about 10% was due to attacks by family members. In contrast, for non-Latino whites, the overall risk of assault homicide victimization was lower, about three or four per 100,000 population, but attacks by family members accounted for over 30% of this risk. This is especially true for Latino male assault homicide victims. Only 6.6% were killed by a family member, half or less than the percent of other male victims killed by their families. This indicates that the higher victimization risk of assault homicide for male Latinos compared to non-Latino whites is due to the greater risk for

Latinos of attacks by acquaintance or strangers, not to differences in domestic attacks.

Female victims, in general, are much more likely to be killed at home by a family member than are male victims. Latino females are similar to non-Latino white females in the overall risk of assault homicide victimization (Table 2), but the percent committed by a family member is lower, 54.5% compared to 63.1%. In contrast, the overall risk for non-Latino black females is much higher, but only 55.5% are committed by family members.

Much of the risk of assault homicide victimization among Latino males and females in Chicago is due to attacks by strangers (Table 3). Stranger assault homicide accounts for a third of the male victimizations and a fifth of the female victimizations. Why are there so many assaults by strangers in the Latino community? One possibility is that many of these homicides are gang-related. The proportion of assault homicides committed by a stranger is higher for teen-agers aged 15 to 19 (Table 4), and it is especially high for Latino teen-agers. Teen/youth gang-related homicide was much more common among Latinos than others during the seventeen-year period analyzed (Table 5). Fully 30% of stranger attacks and over 20% of friend or acquaintance attacks on male victims were teen/youth gang-related. In contrast, the proportion for the next highest group, non-Latino black males, was 14% for stranger assault homicide and 7% for friend assault homicide. Though the risk of assault homicide is low for Latino females, 40% of those who were killed in a stranger assault were killed in a teen/youth gang-related incident.

If Latinos had not been killed in teen/youth gang-related homicides, much of the high homicide victimization rate for teen-agers would have been eliminated; 63% of all Latino teen-age boys between 15 and 19 who were killed in an assault were killed in a teen/youth gang-related assault. This is twice as high as the highest other racial/ethnic group. Because teen/youth gang victimization is not limited to teen-agers (18), the effect of teen gangs on homicide victimization is also seen at older ages, especially in the Latino population. Even at ages 25 to 29, almost 10% of the Latino male assault homicide victims were killed in a teen/youth gang-related homicide.

Latino teen-age boys aged 15 to 19 have an extremely high risk of assault homicide victimization, 104 per 100,000 compared to 12 for non-Latino white teen-agers and 62 for non-Latino black teen-agers (Table 2). A higher proportion of Latino assault homicide victims are teen-agers or young adults compared to other racial/ethnic groups. Twenty percent of Latino male victims were aged 15 to 19 compared to 13% of non-Latino white males, 15% of non-Latino black males, and 8% of "other" male victims.⁴ Similarly, 32% of Latino homicide offenders were aged 15 to 19 compared to 18% of non-Latino white offenders, 20% of non-Latino black offenders, and 16% of "other" offenders. Offender data are recorded for up to four offenders per victim. If these data are weighted so that the total equals the number of victims (8), the preponderance of homicides attributed to

Latino teen-agers is not quite as strong. Thus, Latino teen-agers were not responsible for 32% of the deaths, but rather for 26%.

Whatever teen-agers do, even committing crimes, they do in groups. Latino teen-age offenders are more likely to be involved in a multiple-offender homicide than other groups (Table 6). In fact, Latino offenders at every age are more likely to be involved in a multiple-offender homicide. (Middle-aged Asian and other offenders also tend to commit homicide in groups.) Elderly people (age 60 and older) were responsible for less than 1% of the Latino homicides compared to 3% to 5% for the other groups.⁵ However, even at the oldest age groups, Latino offenders are less likely to commit homicide alone and more likely to do so in a group.

Weapon

A firearm may be easier to use than a knife or brute force, and thus represent "the great equalizer," to use a term from the Old West; firearms equalize the offenders' strength. However, firearms are not only easier to use than other weapons, but also are more lethal. This means that, in assault data, the presence of more lethal weapons may be underrepresented. A relatively high proportion of those people who were assaulted with a lethal weapon such as a firearm are dead and thus not available to victim survey interviewers. An analysis of assault homicides, therefore, may give us an idea of those victims who are missing in an analysis of assaults.

Latino and non-Latino black victims, both male and female, are more likely to have been killed by a firearm (Table 7). Women are more likely than men to have been killed by beating, clubbing, or by other weapons such as arson. In contrast to an analysis in five southwestern states (19), Latino victims in Chicago were somewhat less likely to be killed with a knife or cutting instrument compared to other racial/ethnic groups. In general, the identity of the victim seems to have a stronger relationship to the choice of weapon than the identity of the offender.⁶ Both non-Latino white and black offenders are less likely to use a firearm against a female than a male victim. Regardless of the racial/ethnic group of the offender, a firearm is less likely to be used against a non-Latino white male than against another male victim.⁷

Intoxicants

Other research (20-21) has found that Hispanic homicides are more likely than Anglo or black homicides to involve the presence of alcohol. Among all Chicago homicides that began as a fight or brawl, 38% of Latino victims, 35% of non-Latino white victims, 27% of non-Latino black victims, and 46% of victims of other groups were killed in homicides involving an intoxicant. However, the involvement of an intoxicant in homicide depends upon the gender of the victim.⁸ In this characteristic, as in many others, homicides of Latino female victims differ from homicides of Latino male victims. The lowest proportion of intoxicant involvement occurs in homicides of female Latino victims (11.4%), but the highest proportion occurs in homicides of male Latino victims (40.5%) and male "other" victims (50.0%).

Relationship

As a proportion of all homicides precipitated by a fight, brawl, or argument, homicides of Latino victims are more likely to be committed by a stranger than homicides of victims of other racial/ethnic groups (Table 3). For teen-age victims (Table 4), this difference is particularly strong. Is there some characteristic of these Latino stranger assault homicides that distinguishes them from those of other racial/ethnic groups and that might suggest possible prevention strategies?

Surprisingly, weapon patterns in assault homicides by strangers differ very little from weapon patterns in all assault homicides (Table 7), particularly in homicides of male victims. In stranger homicides of female victims, however, a firearm is more likely to be used than in homicides by a friend or acquaintance. For example, 80% of the Latino women killed by a stranger were killed with a firearm compared to 38% of those killed by a friend or acquaintance. When the assault is by a stranger, both male and female Latino victims are likely to be killed by a firearm. For male victims, this is still true when the assault homicide is by a friend or acquaintance, but for female Latino victims, the weapon of a friend or acquaintance is more likely to be beating or an attack with a blunt instrument.

The location of the body (Table 8) differs in Latino and non-Latino stranger assault homicides. Both male and female Latino stranger assault homicide victims are less likely to be killed in the home and more likely to be killed in a tavern or in a street or alley than other stranger assault homicide victims.

As in assault homicide by strangers, Latino victims of assault homicide by friends or acquaintances are more likely to be killed in a tavern or on the street than in the home compared to victims of other racial/ethnic groups.⁹ Almost half of the Latino male victims of friends or acquaintances were killed on the street compared to a fourth to a third of the other male victims. This, again, seems to reflect the importance of male-on-male street confrontations in the Latino community. However, unlike stranger assault homicide, Latino female victims of friend assault homicide are more likely to be killed at home than other women.

Assault Homicide within the Family

Many investigators (22-25) have reported that the preponderance of homicides are committed by family members. Nationally, from 1980 to 1984, about a third of all homicide victims were killed by family members (26). In Chicago, this overall proportion is about the same. However, there are substantial differences among Latinos and non-Latino whites and blacks in the likelihood of domestic homicide victimization, in the proportion of all homicides that are domestic, and in the characteristics of those homicides.

Of assault homicides committed within the immediate family (Table 9), those between husbands and wives are the most frequent, more so for female victims than for male victims. These are followed, in order of relative frequency, by young children killed by their parents, elderly parents killed by their adult children, and brothers killing brothers. As found in national data (27), incidents in which parents are killed by children under age twenty are relatively rare. In this section, we will discuss the more common types of family murder.

In 1980, the risk of assault homicide victimization was about the same for Latino and non-Latino white females (Table 2). A slightly higher proportion of assault homicides of non-Latino white (59%) than Latino (51%) females were committed by an immediate family member (Table 3). In the case of Latino victims, the offender was almost always the husband (Table 9). For Latino males, the 1980 assault homicide rate (Table 2) was higher than for non-Latino white males, but this was largely due to the higher risk of stranger assault homicide. The risk of family assault homicide was roughly comparable. Of these, the offender is the wife in only 54%, and 15% are incidents in which a brother kills a brother (Table 9).

Assault Homicide between Husbands and Wives¹⁰

Domestic homicides are defined here as homicides between heterosexual couples -- husbands and wives, common-law husbands and wives, ex-husbands and ex-wives, boyfriends and girlfriends, and ex-boyfriends and ex-girlfriends. All of these couple categories have been included in order not to confound the analysis with possible differences in the pattern of marital relationships by racial/ethnic group, or with the subjective definition of a current versus an "ex-" relationship. (For an analysis of specific types of relationship, see (13).)

The relatively high frequency of wife-to-husband versus husband-to-wife violence in the United States has been described in other research (28-38). Most of these analyses deal with nonlethal assaults, not homicide (but see (26,39-41)), and only some of them specify the analysis by racial/ethnic group. In assault that does not end in murder, the meaning of violence is easily misunderstood (41-42). An attack by a weaker person, more often the case when the offender is an elderly person, a child, or a woman, is not likely to be as harmful physically as an attack by a stronger person. However, there can be no argument about the seriousness of a murder. In an assault, the victim may suffer various degrees of injury. In a murder, the victim is dead.

In Chicago domestic homicides, then, who is more likely to be the offender, the wife or the husband? In the aggregate, without consideration of the couple's race/ethnicity, the answer is "neither" (Table 10). Domestic homicides in Chicago are about equally divided between those in which the husband kills his wife and those in which the wife kills her husband (husband and wife here include all heterosexual couple relationships). The ratio of male-offender to female-offender domestic homicides is 1.05. However, this is not true for all racial/ethnic groups. Non-Latino black wives are more likely to kill their husbands than husbands

are to kill their wives. The risk of being killed in a domestic homicide in 1980 was higher for black men than for any other group (4.94 per 100,000). In contrast, domestic homicide is rare in the Latino community, and those domestic homicides that do occur are usually committed by the husband. In fact, in 1980, the risk of being killed in a domestic homicide was higher for Latino women than for non-Latino white women.

In inter-racial domestic homicides, the tendency for wives versus husbands to be the offender generally depends upon the race/ethnicity of the victim (Table 10). If the victim is non-Latino white, the ratio of male-to-female offenders is 3.20, almost exactly the same as the intra-racial white domestic homicides. Similarly, when the victim is non-Latino black, the wife is more likely to be the offender, regardless of her race/ethnicity. However, when the victim is Latino but the offender is not, the wife is most likely to be the offender. This is the opposite to the situation when both partners are Latino; in such intra-racial Latino domestic homicides, the husband is most likely to be the offender. This seems to indicate that Latino husbands are more likely to be killed in a domestic homicide if their wives are not Latino.

Because the great majority of domestic homicides begin as a fight, brawl, or argument, it should not be surprising that they are similar in their characteristics to other "assault" homicides. They tend to be impulsive rather than instrumental; they occur relatively spontaneously with less rational planning than an instrumental homicide (such as a homicide that began as a robbery). They occur with available victims, at available times and places, and are committed with available weapons.

Weapon use in domestic homicides varies according to the victim (Table 11). Regardless of race/ethnicity, a wife is much less likely than a husband to use weapons that require physical strength (hands, feet, clubs), or an "other" weapon (strangulation with a cord or a plastic bag, arson, drowning, etc.). Wives are more likely than husbands to use knives or cutting instruments. Husbands are more likely to use a firearm than wives; this is especially true for white non-Latinos. As noted in earlier analysis (8), white victims are less likely to be killed with a firearm than Latino or non-Latino black victims.

Does the choice of weapon depend upon the location of the homicide? When heterosexual couples kill each other, the body is usually found in the home, but occasionally in the street or another location. The home is certainly an "available" location for couples living together. Physical weapons (hands, feet, clubs) or other weapons (strangulation, arson) are more likely to be used by husbands than by wives, regardless of whether the homicide takes place in the home or elsewhere (Table 12). Perhaps surprisingly, knives are not much more likely to be used in the home than outside of the home (this category includes switchblades as well as kitchen knives). Husbands are more likely to use a firearm than wives, again regardless of the location of the homicide. However, husbands are somewhat more likely to use a firearm outside of the home than in the home.

Homicides of female Latino victims do not tend to involve liquor, and domestic homicides are no exception. None of the Latino husband-offender domestic homicides in Chicago involved an intoxicant compared to 35% of the non-Latino white husband-offender and 23% of the non-Latino black husband-offender domestic homicides.

Parricide and Filicide

The infrequent family homicides of Latino victims are more likely to involve husbands and wives killing each other than children killing their parents (parricide) or parents killing their children (filicide). (Following Heide (27), we will use the word "parricide" to indicate both patricide and matricide.) The risk of assault homicide victimization is very low for Latino, compared to non-Latino, young children and elderly people (Table 2). Of those young children and elderly people who were killed in an assault homicide, Latino victims were less likely to be killed by a family member.

As Mann (43) also found, Latino children had the lowest risk of murder by their parents (Table 13). Homicide of Latino little girls rarely occurs. Of the homicides that do occur for Latino boys, the offender is less likely to be a parent than for other young boys.

There were very few Latino homicide victims aged 60 and over (Table 14). In general, women of this age group are more at risk from homicide by their husbands than by their children. However, neither of the elderly Latino women victims was killed by a child or by a husband. Elderly men, in general, are more at risk from homicide by a friend or acquaintance than by either a child or a wife. In fact, for men, the kinds of offenders who kill people over age 60 in a fight, brawl, or argument are not all that different from the types of offenders who kill teen-agers (Table 4).

ROBBERY HOMICIDE IN THE CHICAGO LATINO COMMUNITY

One way in which assault homicide, robbery homicide, burglary homicide, and rape homicide tend to differ is in the degree to which they are "impulsive" vs. "instrumental." In an impulsive homicide, although the offender may fully intend to kill the victim, the actual murder was not planned in advance. In contrast, instrumental homicides are planned ahead. This creates different characteristics in the crimes. For example, the weapon in impulsive homicide tends to be whatever happens to be available at the time, but the weapon in instrumental homicide tends to be rationally gauged to the situation. Also, in impulsive homicide, the murder itself is the goal; there may be an emotional gratification in accomplishing the death of the victim. In contrast, the primary goal in instrumental homicide is not the death of the victim, but acquisition of power or property; the victim's death is a means to this goal.

Most robberies and robbery homicides are instrumental crimes. Robberies tend to be planned ahead of time, with rational consideration of the degree of victim vulnerability and the degree of strength needed to

accomplish the goal of property acquisition. Choices of victim, weapon, place, time, and fellow offenders tend to be conscious decisions, in contrast to the impulsiveness of assault and assault homicide. A successful robbery, from the robber's point of view, must provide a sufficient show of strength in the initial threat so that the victim does not resist. If the victim does resist, additional force may be used to demonstrate strength, and the victim may be killed.

Over the seventeen-year period analyzed, robbery homicide victimization was rare for Latino females (less than one a year, on the average), and remained about the same proportion of all homicides per year for Latino male victims (about 14%).¹¹ In contrast, the proportion of robbery homicides increased sharply in the late sixties for non-Latino male and non-Latino white female victims and increased throughout the time period for non-Latino black female victims.

Since the target of robbery homicide is usually someone thought to have something worth stealing, the age distribution of robbery homicide victims (Table 15) is in sharp contrast to the age distribution of assault homicide victims. Robbery homicide victims are older. For example, over 56% of the non-Latino white female victims were aged 60 and over. The pattern of Latino victims, then, contrasts with this. For Latino men and women, the risk of robbery homicide victimization is lowest among elderly people, but for non-Latino white men and women, the risk of robbery homicide is highest at age 80 and over (Table 2). For non-Latino black men and women, the risk neither increases nor decreases for the elderly, but remains about the same. Like young children and women, elderly people may be protected in the Latino community.

Although robbery homicides are often thought of as stranger crimes, this stereotype is not always true (Table 16). Of the male victims of robbery homicide, only 61% to 73% were killed by a stranger (14% to 15% of the cases were never solved). The female victims were less likely to be killed by a stranger and more likely to be killed by a friend or a family member. Also, robbery murders of female victims were more likely to be unsolved.

Another stereotype of robbery homicide is that it is a "street crime." This stereotype may be true, to a degree, for male victims, but it is not true for female victims (Table 17). Over half of the robbery homicides of female victims occurred at home, and a substantial proportion occurred in other indoor places. Among male robbery homicide victims, Latino victims were much more likely to be killed on the street than other males. For assault homicide, as well, whether the offender is a stranger (Table 8) or an acquaintance, Latino male victims are more likely than other male victims to be killed on the street. Thus, for Latino males, violent confrontations leading to homicide tend to take place away from home. The home and family are relatively protected. Latino women are relatively safe from robbery homicide (Table 2). However, when such homicides do take place, most of them happen indoors or at home.

Patterns of weapon use differ in robbery homicide (Table 18) and assault homicide (Table 7). Again, the differences are greatest for female victims. In general, a handgun is less likely to be used against a female victim in a robbery homicide than in an assault homicide. Even in assault homicides by a stranger, a handgun is more likely to be used against a female victim than in robbery homicides. Assault homicide, even when committed by a stranger, is relatively impulsive, not likely to be planned ahead. Thus, if a handgun is available, it will be used, with little consideration of the strength of the victim. As a result, in assault homicide, the proportion of male victims killed by a handgun is only slightly higher than the proportion of female victims killed by a handgun. In contrast, robbery homicide is more instrumental. It is more likely to be planned in advance. If a female target is smaller and not as strong as a male target, she may be intimidated or killed by an attack with fists, a club, or a knife more easily than a male. The robbery homicide offender may take this into consideration in planning the attack, while the assault homicide offender may not.

SUMMARY

Description must precede explanation; explanation must precede successful prevention. The purpose of this report was descriptive. If we can describe the patterns of specific types of homicide within specific racial/ethnic, gender, and age groups, we will be better able to identify strategies for prevention.

A profile of a "typical" homicide in the Latino community is a homicide that was the outcome of an altercation between teen-age or adult men, often in a group, and almost always away from home. Attacks within the home or on vulnerable people such as young children, the elderly, and women, rarely occur among Latinos.

This differs considerably from the profile of a "typical" homicide among non-Latinos in Chicago. If we are to create a strategy to prevent the violent confrontations that end in homicide in the Latino community, we will be more successful if we concentrate on the types of homicide that constitute the greatest risk specifically for Latinos.

FOOTNOTES

1. "Latino" in this homicide data set includes Mexican, Puerto Rican, and other Latino groups. The coding of racial/ethnic group of offender and victim was done by the police investigator. The categories of Latino, non-Latino black, and non-Latino white are consistent throughout the seventeen years. For some years, the police record distinguishes between Mexican, Puerto Rican, and other Latino. However, because this is not consistent from year to year, the present report aggregates the three categories. Readers may request more specific analysis by contacting the author.
2. For details of the Chicago homicide data set, see Block (8,44).
3. In calculating the rates necessary for a comparison of homicide victimization and offense across racial/ethnic, gender, and age groupings, accurate population figures are essential. Unfortunately, there are a number of anomalies and problems in the 1980 census data for racial/ethnic groups (45-47). This problem is particularly serious in counts of non-Latino whites and Latinos. In this report, we have used the most recently corrected population estimates available from the City of Chicago Department of Planning.
4. Because of space limitations, this table could not be included here. However, a copy is available by contacting the author.
5. Table available on request to the author.
6. For a table showing the details of this, contact the author.
7. For more detail on weapon usage, see (8).
8. For a copy of this table, contact the author.
9. A copy of this table is available from the author.
10. For a more detailed review of domestic homicide than is possible in this short paper, see (13).
11. A copy of this table is available from the author.

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Table 1

Circumstances of Chicago Homicides by Victim Race/Ethnicity and Gender, 1965-1981

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	<u>M</u> (n=1280)	<u>F</u> (n=109)	<u>M</u> (n=1772)	<u>F</u> (n=612)	<u>M</u> (n=7261)	<u>F</u> (n=1711)	<u>M</u> (n=86)	<u>F</u> (n=38)
Fight, Brawl, Argument	69.0	72.5	54.2	62.4	72.0	73.7	57.0	68.4
Criminal Sexual Assault*	0.2	3.7	0.8	7.0	0.2	5.0	0.0	18.4
Robbery	13.8	9.2	29.7	18.0	15.8	8.9	33.7	5.3
Burglary	0.2	0.0	0.8	2.3	0.4	0.5	0.0	0.0
Other, Undetermined**	16.8	14.7	14.5	10.3	11.6	11.9	9.3	7.9

*Rape or sexual assault of a male or female. Cases of rape-robbery homicide and rape-burglary homicide are included here.

**The race/ethnicity of three victims was not identifiable.

Table 2

1980 Homicide Rates per 100,000 in Chicago by Race/Ethnicity, Gender, and Circumstance*

	Victim Race/Ethnicity and Gender							
	Latino		Non-Latino White		Non-Latino Black		Asian or Other	
	M	F	M	F	M	F	M	F
All Homicide	68.9	5.4	15.3	4.4	84.6	15.6	18.2	3.6
Assault Homicide	44.1	3.0	7.1	2.3	55.0	10.2	5.4	a
Age: Birth-4	4.7	0.0	4.5	3.5	13.0	10.8	0.0	a
5-9	0.0	a	0.0	0.0	3.4	1.7	0.0	0.0
10-14	4.8	0.0	a	0.0	3.9	3.3	0.0	0.0
15-19	103.9	6.2	12.3	2.9	62.0	11.1	a	0.0
20-24	93.0	a	16.8	5.6	128.2	13.3	a	0.0
25-29	84.8	a	11.9	1.7	143.3	19.9	a	a
30-34	59.8	6.1	11.4	a	112.6	17.7	a	0.0
35-39	44.1	11.4	6.6	6.7	85.8	19.8	0.0	0.0
40-44	44.3	0.0	6.6	0.0	58.2	11.4	0.0	0.0
45-49	19.1	0.0	6.4	a	47.1	8.5	0.0	0.0
50-59	a	a	5.7	2.9	43.3	6.9	a	0.0
60-69	20.2	a	2.6	1.0	18.7	3.5	0.0	0.0
70-79	0.0	a	2.4	1.4	13.4	a	0.0	0.0
80+	0.0	0.0	0.0	a	20.9	a	0.0	0.0
Robbery Homicide**	10.2	1.0	5.0	1.2	14.8	2.1	10.9	a
Age: Birth-4	0.0	0.0	0.0	0.0	a	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	a	0.0	0.0	0.0
10-14	0.0	0.0	0.0	a	a	a	0.0	0.0
15-19	8.8	0.0	2.2	0.0	8.4	a	a	0.0
20-24	12.2	a	4.5	2.2	16.5	2.6	a	0.0
25-29	26.4	0.0	3.2	a	33.7	4.1	a	0.0
30-34	14.5	a	3.3	0.0	22.9	2.1	a	0.0
35-39	15.6	0.0	4.7	0.0	25.5	a	30.8	0.0
40-44	9.5	a	9.9	a	20.2	a	a	0.0
45-49	22.9	0.0	5.3	a	25.6	a	0.0	0.0
50-59	17.9	a	5.7	0.0	28.4	2.9	a	0.0
60-69	0.0	a	8.2	1.0	24.3	5.2	a	0.0
70-79	a	0.0	9.6	4.3	22.4	4.4	0.0	a
80+	0.0	0.0	14.6	4.9	a	a	0.0	0.0

*Because of the unreliability of the small numbers of victimizations per year for some groups, the rates here are calculated by dividing the mean of the three years 1979, 1980, and 1981 by the 1980 population.

**Eleven "burglary homicides" are included with the 476 robbery homicides in this table.

^aNumber of victims is not zero but is fewer than one a year.

Table 3

Victim-Offender Relationship in Assault Homicide
by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=833)	F (n=79)	M (n=960)	F (n=382)	M (n=5228)	F (n=1261)	M (n=49)	F (n=26)
Spouse, Common-Law	2.0	41.8	6.5	40.1	10.7	34.3	8.2	50.0
Ex-Spouse, Girlfriend, Boyfriend	0.5	5.1	1.0	9.4	2.7	11.6	0.0	7.7
Immediate Family	1.8	3.8	5.0	9.4	4.1	6.4	2.0	11.5
Other Family	2.3	3.8	3.2	4.2	3.3	3.2	2.0	0.0
Friend, Acquaintance	56.6	26.6	52.5	25.7	63.2	36.6	61.2	30.8
Functional, Work	2.5	0.0	3.8	2.9	1.8	1.0	2.0	0.0
Police kills suspect	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.0
Suspect kills police	0.0	0.0	1.5	0.0	0.1	0.0	0.0	0.0
Stranger	34.3	19.0	26.6	8.4	14.0	6.7	24.5	0.0

Note: "Functional, work" relationships include the following: employer/worker, landlord/tenant, co-workers, babysitter/child, proprietor/customer, doctor/patient, cabby/fare, student/teacher. "Stranger" includes only cases in which the relationship was determined to be a stranger, not cases in which the relationship was undetermined. "Police kills suspect" includes off-duty killings by police or security guards; police killings in the line of duty are not included.

Table 4

Assault Homicide of Chicago Teen-Agers: Who Are the Offenders?
Victims Aged 15-19 by Race/Ethnicity and Gender

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=177)	F (n=11)	M (n=121)	F (n=33)	M (n=775)	F (n=133)	M (n=4)	F (n=26)
Spouse, Common-Law	0.0	27.3	0.0	9.1	0.4	13.5	(0)	(0)
Ex-Spouse, Girlfriend, Boyfriend	0.0	9.1	0.0	21.2	1.0	20.3	(0)	(0)
Immediate Family	1.1	0.0	0.0	0.0	3.0	0.8	(0)	(0)
Other Family	0.0	9.1	0.8	6.1	2.5	1.5	(0)	(0)
Friend, Acquaintance	54.2	9.1	68.6	36.4	71.2	49.6	(2)	(1)
Functional, Work	1.7	0.0	0.8	3.0	0.9	0.8	(0)	(0)
Police kills suspect	0.0	0.0	0.0	0.0	0.1	0.0	(0)	(0)
Suspect kills police	0.0	0.0	0.0	0.0	0.1	0.0	(0)	(0)
Stranger	42.9	45.5	29.8	24.2	20.8	13.5	(2)	(0)

Note: "Functional, work" relationships include the following: employer/worker, landlord/tenant, co-workers, babysitter/child, proprietor/customer, doctor/patient, cabby/fare, student/teacher. "Stranger" includes only cases in which the relationship was determined to be a stranger, not cases in which the relationship was undetermined. "Police kills suspect" includes off-duty killings by police or security guards; police killings in the line of duty are not included.

Actual numbers are given for Asian or Other.

Table 5

Teen/Youth Gang Homicides as a Proportion of All Assault Homicide
by Victim Race/Ethnicity and Gender, Chicago

	Victim Race/Ethnicity and Gender							
	Latino		Non-Latino White		Non-Latino Black		Asian or Other	
	M	F	M	F	M	F	M	F
<u>Stranger Assault</u>	303	15	255	32	731	84	12	0
Teen-gang related	30.4%	40.0%	9.4%	12.5%	14.0%	4.8%	8.3%	(0)
<u>Friend Assault</u>	500	21	504	98	3304	462	30	8
Teen-gang related	20.8%	4.8%	7.1%	3.1%	7.2%	2.8%	0.0%	(0)
<u>Victim's Age: 10-14</u>	12	1	9	5	88	32	0	1
Teen-gang related	66.7%	(1)	(2)	(0)	27.3%	18.8%	(0)	(0)
<u>Victim's Age: 15-19</u>	177	11	121	33	775	133	4	1
Teen-gang related	62.7%	36.4%	31.4%	15.2%	24.0%	5.3%	(1)	(0)
<u>Victim's Age: 20-24</u>	233	14	141	56	993	205	8	2
Teen-gang related	21.9%	7.1%	9.9%	1.8%	8.3%	1.5%	(0)	(0)
<u>Victim's Age: 25-29</u>	166	17	120	34	891	210	9	8
Teen-gang related	9.6%	0.0%	2.5%	0.0%	2.4%	0.0%	(0)	(0)

Note: The definition used by the Chicago Police Department for a teen/youth gang-related homicide has been consistent throughout the 1965-1981 period. The definition is conservative and based on motive: investigation must show that the motive of the killing was related to gang activity. Gang membership (either offender or victim) is not a criterion (44).

Table 6

Percent of Offenders Involved in Multiple-Offender Homicide
by Offender Age: Assault Homicides Only, Chicago*

		<u>Offender Race/Ethnicity</u>							
		<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
		Percent	N	Percent	N	Percent	N	Percent	N
Age:	10-14	71.4	7	38.5	13	41.0	117	----	0
	15-19	64.0	422	58.1	236	47.1	1545	46.7	15
	20-24	41.3	332	36.8	242	33.1	1817	23.8	21
	25-29	28.9	190	19.5	169	22.7	1245	40.9	22
	30-34	24.1	133	18.9	159	14.6	863	41.7	12
	35-39	15.2	79	9.2	120	8.6	619	27.3	11
	40-44	18.9	74	5.8	121	6.7	447	(0)	5
	45-49	15.0	40	7.7	65	5.6	411	(1)	3
	50-59	18.5	27	3.2	95	5.2	403	(2)	2
	60+	11.1	9	9.4	53	2.8	215	(0)	2
Total**		40.9	1313	25.5	1273	24.9	7688	34.4	93

*Total offenders for whom age was known (maximum of four per victim).

**The total of non-Latino black offenders includes three nine-year-olds.

Note: The definition used by the Chicago Police Department for a teen/youth gang-related homicide has been consistent throughout the 1965-1981 period. The definition is conservative and based on motive: investigation must show that the motive of the killing was related to gang activity. Gang membership (either offender or victim) is not a criterion (44).

Actual numbers are given in parentheses for totals fewer than six.

Table 7

Weapon in Assault Homicide by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=883)	F (n=79)	M (n=960)	F (n=382)	M (n=5228)	F (n=1261)	M (n=49)	F (n=26)
Handgun	57.5	48.1	39.9	36.9	51.1	45.3	34.7	38.5
Long Gun	5.7	7.6	7.5	6.0	7.4	4.8	0.0	0.0
Gun, Type Unknown	9.9	3.8	5.1	1.0	7.3	3.1	2.0	0.0
Knife, Cutting Instrument	19.1	15.2	24.3	19.1	25.3	22.7	49.0	15.4
Hands, Feet, Club	5.9	20.3	17.5	20.4	6.5	15.7	10.2	42.3
Other Weapon	1.6	5.1	5.1	15.7	2.1	8.1	4.1	3.8
Weapon Unknown	0.3	0.0	0.6	0.8	0.2	0.3	0.0	0.0

Note: "Other" weapon includes the following: arson, rubber hose, plastic bag, rope, hot water, vehicle, leather belt, poison spray, electric cord, other clothing, suffocation, thrown out window, poison, alcohol, and other weapon.

Table 8

Location of Assault Homicides between Strangers
by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=303)	F (n=15)	M (n=255)	F (n=32)	M (n=731)	F (n=84)	M (n=12)	F (n=0)
Home	3.0	13.3	6.3	25.0	9.0	25.0	0.0	(0)
Hotel	0.0	0.0	2.0	6.3	1.9	4.8	0.0	(0)
Hall, Porch, Basement	3.0	13.3	4.7	3.1	5.9	13.1	0.0	(0)
Tavern	15.5	13.3	8.2	9.4	9.0	3.6	16.7	(0)
Other Indoor	3.0	0.0	11.8	6.3	8.9	13.1	0.0	(0)
Automobile, Cab	3.0	6.7	2.7	6.3	2.2	4.8	8.3	(0)
Street, Alley	63.0	46.7	52.9	34.4	52.9	27.4	58.3	(0)
Park, Yard, Lot	9.2	6.7	8.6	6.3	8.3	8.3	8.3	(0)
Other Outdoor	0.3	0.0	2.7	3.1	1.8	0.0	8.3	(0)

Note: "Other indoor" places include the following: restaurant, pool room, other commercial, other noncommercial, garage, grocery, police station, mental hospital, gas station, ice house, blood bank, auto showroom, cleaners, factory, TV repair shop, fish store, bowling alley, club, cigar store, theater, realty office, bank, hospital, liquor store, abandoned building, clothing store, jewelry store, drug store, school, and temple or church. "Other outdoor" places include the following: elevated-train platform, water ("floaters"), elevated train, bus, truck, subway, railroad tracks, and under an overpass or bridge.

Actual numbers are given for Asian or Other females.

Table 9

Specific Relationship in Family Assault Homicides
by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=41)	F (n=40)	M (n=126)	F (n=227)	M (n=946)	F (n=668)	M (n=5)	F (n=18)
Husband kills Wife	0.0	92.5	0.0	83.3	0.0	86.7	(0)	83.3
Wife kills Husband	53.7	0.0	57.2	0.0	74.5	0.0	(4)	0.0
Parent 50+ by child	4.9	2.5	10.3	7.5	3.0	1.0	(0)	0.0
Parent by Child 20+	2.4	0.0	0.8	0.4	1.2	0.7	(0)	0.0
Parent by Child 10-19	4.9	0.0	0.8	0.4	1.5	0.7	(0)	0.0
Child 0-9 by Parent	12.2	2.5	17.5	3.5	7.4	8.2	(1)	16.7
Child 10-19 by Parent	0.0	0.0	0.0	0.0	0.2	0.0	(0)	0.0
Child 20+ by Parent	4.9	2.5	8.7	0.9	2.2	0.7	(0)	0.0
Brothers	14.6	0.0	4.8	0.0	7.1	0.0	(0)	0.0
Brother and Sister	0.0	0.0	0.0	3.1	1.9	1.3	(0)	0.0
Other Immediate Family	2.4	0.0	0.0	0.9	1.2	0.4	(0)	0.0

Note: "Husband kills wife" and "Wife kills husband" include common-law, boyfriend/girlfriend, ex-husband/ex-wife, and ex-boyfriend/ex-girlfriend.

Actual numbers are shown for Asian or Other males.

Table 10

Domestic Homicide in Chicago, Male Offenders and Female Offenders, 1965-1981

Race/Ethnicity	Victimization Rate, 1980	Number 1965-1981	Ratio Male/Female
<u>White-on-White</u>			
husband kills wife	0.73	165	3.11
wife kills husband	0.49	53	
<u>Black-on-Black</u>			
husband kills wife	3.59	571	0.83
wife kills husband	4.94	691	
<u>Latino-on-Latino</u>			
husband kills wife	1.97	34	2.27
wife kills husband	0.00	15	
<u>Other-on-Other</u>			
husband kills wife	0.00	7	1.75
wife kills husband	0.00	4	
<u>White Victim - Non-White Offender</u>			
husband kills wife	----	32	3.20
wife kills husband	----	10	
<u>Black Victim - Non-Black Offender</u>			
husband kills wife	----	11	0.92
wife kills husband	----	12	
<u>Latino Victim - Non-Latino Offender</u>			
husband kills wife	----	4	0.57
wife kills husband	----	7	
<u>Other Victim - Non-Other Offender</u>			
husband kills wife	----	8	----
wife kills husband	----	0	
<u>Total</u>			
husband kills wife	2.22	832	1.05
wife kills husband	2.10	792	

Note: Domestic homicide includes spouses, common-law spouses, boyfriend/girlfriend, ex-spouse, ex-common-law spouse, and ex-boyfriend/ex-girlfriend. Whites are non-Latino whites; blacks are non-Latino blacks. The denominator of each victimization rate is the total number of males or females of the given race/ethnicity, not the number of married people. Rates are per 100,000 population.

Source: Chicago Police Department, Illinois Criminal Justice Information Authority.

Table 11

Weapon in Domestic Homicides of Intra-racial Couples in Chicago

	<u>Race/Ethnicity</u>					
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>	
	Husband	Wife	Husband	Wife	Husband	Wife
	kills	kills	kills	kills	kills	kills
	Wife	Husband	Wife	Husband	Wife	Husband
	(n=34)	(n=15)	(n=165)	(n=53)	(n=571)	(n=691)
Handgun	52.9	46.7	47.3	30.2	50.6	46.6
Long Gun	8.8	0.0	8.5	7.5	5.3	2.2
Gun, Type Unknown	0.0	6.7	0.0	1.9	1.9	2.2
Knife, Cutting Instrument	17.6	40.6	15.2	50.9	20.5	46.7
Hands, Feet, Clubs	20.6	6.7	23.0	1.9	18.6	1.0
Other, Unknown	0.0	0.0	6.0	7.5	3.2	1.3

Note: This table includes only cases in which the race/ethnicity of the man and woman were the same.

Table 12

Weapon According to the Location of the Body, Intra-racial Couple Homicides in Chicago

	<u>Race/Ethnicity</u>					
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>	
	Husband kills Wife (Percent)	Wife kills Husband (Percent)	Husband kills Wife (Percent)	Wife kills Husband (Percent)	Husband kills Wife (Percent)	Wife kills Husband (Percent)
<u>Home</u>						
Firearm	60.0	57.1	53.5	41.5	56.5	47.6
Knife, Cutting Instrument	12.0	35.7	17.1	51.2	20.1	49.6
Other, Unknown	28.0	7.1	29.5	7.3	22.3	2.8
N	25	14	129	41	437	500
<u>Other Places</u>						
Firearm	(6)	(0)	63.9	33.3	61.9	59.7
Knife, Cutting Instrument	(3)	(1)	8.3	50.0	21.6	39.3
Other, Unknown	(0)	(0)	27.8	16.7	16.4	1.0
N	9	1	36	12	134	191

Note: Actual numbers are shown for Latinos killed in "other places."

This table includes only cases in which the race/ethnicity of the man and woman are the same.

Table 13

Assault Homicide of Young Children (Birth through Four Years) in Chicago:
Who Are the Offenders?

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=12)	F (n=3)	M (n=30)	F (n=17)	M (n=93)	F (n=89)	M (n=1)	F (n=1)
Parent	41.7	(1)	63.3	47.1	64.5	59.6	(0)	(1)
Other Family	0.0	(0)	10.0	11.8	5.4	3.4	(0)	(0)
Babysitter	8.3	(0)	6.7	0.0	10.8	5.6	(0)	(0)
Friend, Neighbor	50.0	(2)	16.7	29.4	14.0	24.7	(1)	(0)
Stranger	0.0	(0)	3.3	11.8	5.4	6.7	(0)	(0)

Note: Due to the low frequency of these events for female Latino, and male and female Asian or other children, actual numbers are shown in parentheses.

Table 14

Assault Homicide of the Elderly (60+ Years) in Chicago: Who Are the Offenders?

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=10)	F (n=2)	M (n=87)	F (n=75)	M (n=152)	F (n=48)	M (n=4)	F (n=0)
Child kills Parent	10.0	(0)	12.6	13.3	11.2	12.5	(0)	(0)
Husband kills Wife	0.0	(0)	0.0	22.7	0.0	45.8	(0)	(0)
Wife kills Husband	0.0	(0)	8.0	0.0	18.4	0.0	(0)	(0)
Other Family	0.0	(1)	3.4	13.3	2.6	8.3	(0)	(0)
Friend, Neighbor	50.0	(1)	43.7	34.7	52.6	25.0	(3)	(0)
Functional, Work	10.0	(0)	3.4	6.7	2.0	4.2	(1)	(0)
Stranger	30.0	(0)	28.7	9.3	12.5	4.2	(0)	(0)

Note: "Child" includes natural, adopted, foster, and stepchildren of all ages. "Husband" and "wife" includes spouse, ex-spouse, common-law spouse, boyfriend or girlfriend, and ex-boyfriend or ex-girlfriend.

Due to the low frequency of these events for elderly Latino females and Asians or others, actual numbers are shown in parentheses.

Table 15

Victim Age by Race/Ethnicity and Gender in Chicago Robbery Homicides

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=177)	F (n=10)	M (n=527)	F (n=111)	M (n=1150)	F (n=157)	M (n=29)	F (n=2)
Birth-4	0.0	0.0	0.1	0.0	0.1	0.0	0.0	(0)
5-9	0.0	0.0	0.0	0.0	0.2	0.6	0.0	(0)
10-14	0.0	10.0	0.2	0.9	0.3	1.9	0.0	(0)
15-19	8.5	0.0	2.7	1.8	4.9	8.3	3.4	(0)
20-24	14.1	10.0	6.3	9.0	10.9	15.3	6.9	(0)
25-29	19.8	20.0	7.6	6.3	14.3	17.8	6.9	(0)
30-34	14.7	20.0	7.2	3.6	8.5	7.0	31.0	(0)
35-39	10.2	0.0	5.5	0.9	8.7	5.7	13.8	(0)
40-44	10.2	20.0	8.2	2.7	10.0	9.6	10.3	(0)
45-49	8.5	0.0	7.6	6.3	9.2	5.1	10.3	(1)
50-59	11.3	10.0	23.3	10.8	16.3	8.9	10.3	(0)
60+	2.8	10.0	31.1	56.8	16.8	19.1	6.9	(1)
Age Unknown	0.0	0.0	0.2	0.9	0.0	0.0	0.0	(0)

Note: Actual numbers are given for females of Asian or other descent.

Table 16

Victim-Offender Relationship in Robbery Homicide
by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=177)	F (n=10)	M (n=527)	F (n=111)	M (n=1150)	F (n=157)	M (n=29)	F (n=2)
Spouse, Common-law	0.0	0.0	0.0	0.0	0.2	0.0	0.0	(0)
Ex-Spouse, Girlfriend/Boyfriend	0.6	0.0	0.0	0.0	0.0	0.0	0.0	(0)
Immediate Family	0.0	0.0	0.0	0.0	0.1	0.0	0.0	(0)
Other Family	0.0	0.0	0.0	1.8	0.1	1.9	0.0	(0)
Friend, Acquaintance	10.7	20.0	9.9	11.7	18.6	29.3	3.4	(0)
Functional, Work	2.3	0.0	5.3	0.9	4.3	1.9	13.8	(0)
Suspect kills Police	0.0	0.0	0.8	0.0	1.0	0.0	0.0	(0)
Stranger	72.9	30.0	70.0	62.2	61.2	44.6	69.0	(1)
Unsolved, Mystery	13.6	50.0	14.0	23.4	14.6	22.3	13.8	(1)

Note: "Functional, work" relationships include the following: employer/worker, landlord/tenant, co-workers, babysitter/child, proprietor/customer, doctor/patient, cabby/fare, student/teacher. "Stranger" includes only cases in which the relationship was determined to be a stranger, not cases in which the relationship was undetermined. "Police kills suspect" includes off-duty killings by police or security guards; police killings in the line of duty are not included.

Table 17

Location of Robbery Homicides by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	M (n=177)	F (n=10)	M (n=527)	F (n=111)	M (n=1150)	F (n=157)	M (n=29)	F (n=2)
Home	6.2	50.0	14.4	51.4	21.4	65.0	6.9	(2)
Hotel	0.6	0.0	3.2	2.7	2.1	2.5	3.4	(0)
Hall, Porch, Basement	7.9	0.0	5.1	5.4	10.1	3.8	3.4	(0)
Tavern	5.6	0.0	9.3	4.5	4.3	0.0	0.0	(0)
Other Indoor	15.3	20.0	23.1	9.9	14.1	8.9	37.9	(0)
Automobile, Cab	2.8	10.0	8.0	3.6	6.4	2.5	6.9	(0)
Street, Alley	50.0	10.0	25.4	15.3	30.9	14.0	27.6	(0)
Park, Yard, Lot	10.2	10.0	7.4	6.3	9.7	1.9	13.8	(0)
Other Outdoor	0.6	0.0	4.0	0.9	1.1	1.3	0.0	(0)

Note: "Other indoor" places include the following: restaurant, pool room, other commercial, other noncommercial, garage, grocery, police station, mental hospital, gas station, ice house, blood bank, auto showroom, cleaners, factory, TV repair shop, fish store, bowling alley, club, cigar store, theater, realty office, bank, hospital, liquor store, abandoned building, clothing store, jewelry store, drug store, school, and temple or church. "Other outdoor" places include the following: elevated-train platform, water ("floaters"), elevated train, bus, truck, subway, railroad tracks, and under an overpass or bridge.

Table 18

Weapon in Robbery Homicides by Victim Race/Ethnicity and Gender, Chicago

	<u>Victim Race/Ethnicity and Gender</u>							
	<u>Percent</u>							
	<u>Latino</u>		<u>Non-Latino White</u>		<u>Non-Latino Black</u>		<u>Asian or Other</u>	
	<u>M</u> (n=177)	<u>F</u> (n=10)	<u>M</u> (n=527)	<u>F</u> (n=111)	<u>M</u> (n=1150)	<u>F</u> (n=157)	<u>M</u> (n=29)	<u>F</u> (n=2)
Handgun	50.8	30.0	48.4	17.1	58.7	43.9	62.1	(0)
Long Gun	5.6	20.0	4.6	4.5	7.9	2.5	6.9	(0)
Gun, Type Unknown	17.5	10.0	8.9	7.2	13.4	5.7	3.4	(0)
Knife, Cutting Instrument	14.1	30.0	15.7	20.7	8.2	26.1	17.2	(2)
Hands, Feet, Club	10.2	10.0	17.6	36.0	8.3	8.3	3.4	(0)
Other Weapon	0.6	0.0	3.6	9.0	2.6	13.4	3.4	(0)
Weapon Unknown	1.1	0.0	1.1	5.4	1.0	0.0	3.4	(0)

Note: Actual numbers for Asian or Other females are shown in parentheses.

HISPANICS AND HOMICIDE IN NEW YORK CITY

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ABSTRACT

Data suggest that the involvement of Hispanics in crime exceeds their representation in the population, but violent crime patterns among Hispanics have not been investigated. Based on 6,956 homicides reported to the New York Police Department from 1980 to 1983, this report estimates homicide rates among subgroups of Hispanics and other ethnic groups in New York City. Findings indicate that Hispanics have higher-than-average homicide rates and that Puerto Ricans may have higher homicide rates than non-Puerto Rican Hispanics. Hispanic homicide rates increased from 1980 to 1983 with young adult males experiencing the greatest increase. Arrest data indicate that Hispanics' rates of other violent offenses also are high. Characteristics of Hispanic homicides were also investigated and indicate that, like blacks, Hispanics have a higher proportion of intraethnic homicides than whites and are more likely to have been killed by firearms than blacks or whites.

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INTRODUCTION

This report estimates homicide rates among subgroups of Hispanics and other ethnic groups in New York City (NYC), which has the most diverse Hispanic area in the United States, the greatest Puerto Rican concentration in the United States mainland, and is sixth-ranked in homicide among the ten largest cities in the United States (1). Despite the fact that Hispanics constitute a growing segment of the U.S. population, little is known about their crime and criminal justice experiences. In the 1970s, the few studies including Hispanics in examinations of ethnicity and crimes (2,3) suggested that Hispanics' involvement in crime exceeded their representation in the population, but until recently, the data collected by criminal justice agencies have not been sufficiently detailed to support systematic examination of the Hispanic experience with violence and other types of offenses. This paper's examination of homicide patterns among Hispanics and other ethnic groups in NYC addresses the need for systematic inquiry into the criminal justice experiences of Hispanics in different areas of the United States.

An examination of Hispanic violence is also a useful contribution to the etiology of violence. The literature suggests several reasons why violent offenses should be a critical problem for Hispanic minorities. Criminological studies have associated criminal violence with low socioeconomic status (4) and the social organization of life in lower class communities, in particular, the phenomenon of adherence to the subculture of violence (5,6), i.e., normative definitions that look favorably upon violence as a solution to situations of interpersonal conflict. However, Hispanics are distinct from other low-income minority groups in that they are also migrants. These theories suggest that Hispanics in the United States share social situations which would predict their being at high risk of engaging in and being victimized by violence. Thus, an examination of the relationship between Hispanic violence and their sociocultural situation contributes to our general knowledge of the etiology of violence. Although it is not the objective of this paper to test the influences of sociocultural factors on Hispanic homicide, the data are examined to explore how such factors may influence Hispanic homicides and other types of violence.

The data for this report are drawn from New York Police Department (NYPD) reports of complaints and arrests compiled by New York State's Division of Criminal Justice Services (DCJS) and from special NYPD reports on characteristics of homicides in NYC. The report first estimates age- and sex-specific homicide victimization rates among Hispanics, blacks, whites, Asians, Pacific Islanders, and Native Americans and then turns to less detailed homicide arrest data among the same ethnic groups. Because of current reporting practices, the last groups are combined, and they are termed "Asians/others." The rate estimates are used to assess the extent to which age/gender subgroups of Hispanics and other ethnic groups in New York City are at risk of homicide victimization and of committing homicides.

The report's second objective is to examine social and situational characteristics associated with homicide among Hispanics and other NYC ethnic groups. Here also homicide is examined from two perspectives: that

of the victim and that of the perpetrator. The research literature classifies homicides according to associated characteristics of perpetrator and victim. For example, it is known or assumed that characteristics such as a history of domestic violence, gun ownership, the use of alcohol and controlled substances are associated with increased risk of homicide victimization or offense (7,8). Classification of known social and situational characteristics of victims and offenders provides theoretical clues to sociocultural factors associated with homicides. While the emphasis is on Hispanic homicide, interethnic comparisons are necessary to understand the Hispanic violence patterns.

In interpreting the findings, the reader should be aware of limitations in the available data. Aggregate crime data reports refer to Hispanics in general rather than to specific Hispanic-origin groups. Although NYC's Hispanic population is diverse, with Puerto Ricans predominating, the data reported here refer to Hispanics in general. However, risks may not be equally shared by all Hispanic groups in NYC. We explore this point in our examination of NYC police precinct demographic and homicide data. An additional problem concerns the population estimates used to compute the homicide and violence rates. These are based on 1970 to 1980 trends projected to 1981 to 1985 (see Note 1), and the 1970 and 1980 census estimates for minorities have also been questioned (9). However, although the homicide rates may be over- or underestimated, the differences in magnitude among ethnic groups are indicative of ethnic group differences in homicide risks. Finally, the analysis and its theoretical implications are constrained by the limitation of published NYC homicide reports to a few social-situational characteristics and a small number of cross-tabulations among these.

RESULTS

Homicide and Offense Rates

NYPD reported a total of 6,956 homicides between the beginning of 1980 and the end of 1983. The victim's ethnicity was known in 98% (6,844) of these. Table 1 shows 1980 homicide rates among the four ethnic groups according to gender and age groups. Blacks had the highest homicide rate, followed by Hispanics, whites, and Asians/others. Hispanics and blacks had higher-than-average homicide rates, while whites and Asians/others had lower-than-average rates. Male rates are six times higher than female rates, and young adults have the highest rates of all age groups. However, there are marked differences among the ethnic groups in the gender and age risk patterns. Hispanic males' rates are intermediate between those of blacks and whites. Among Hispanic males, the victimization rate is 60% higher than the male rate, while the black male rate is over 100% the male rate. Among Hispanic females, the victimization rate is slightly higher than the female rate. Hispanic male homicide rates are closer in magnitude to black rates, while those of Hispanic females are closer in magnitude to the low rates of white and Asian/other females.

Table 1 also shows marked differences in age-specific rates between Hispanics and blacks versus the other two groups. For Hispanics and blacks

of either gender, those in their twenties are at highest risk, with risks decreasing gradually between ages 35 and 54 and steeply declining after. For whites, risks peak in the late teens, while among Hispanics and blacks, they peak in the early twenties.

In the first half of the 1980s in NYC, homicides increased absolutely for male and female Hispanics and decreased for the other ethnic groups. Hispanic homicides increased 10% for males and 53% for females. Male Hispanic young adults experienced the greatest absolute increase, while homicides decreased among male young adults of other ethnic groups. Among Hispanic females, homicides increased in all age groups.

Do the increases in Hispanic homicide in the early 1980s represent increased risks? This depends on the actual population changes that have taken place since 1980. Since the Hispanic population increased between 1970 and 1980, it is likely that 1981 to 1983 increases offset the absolute increases in homicides during that period.

Table 2 shows estimates of homicide victimization rates based on the population projections. If the projections reflect the changes that actually occurred, Hispanic victimization risks slightly increased in the early 1980's. In contrast, blacks' victimization risks remained stable. Risks appear to have increased, particularly for Hispanic females and for Hispanic males in their twenties, while for males of other ethnicities in the same age group, risks decreased or remained stable. The data suggest that Hispanic females' victimization risks increased from 7.2 per 100,000 in 1980 to an estimated 10.2 per 100,000 in 1983. In contrast, victimization risks are estimated to have decreased for females of the other ethnic groups. These estimates must be viewed as tentative because the pattern of population change since 1980 may not be based on the 1970 to 1980 pattern.

Just as there are ethnic differences in homicide risks, there are ethnic differences in the risk of committing homicides. According to reports published by New York State's Division of Criminal Justice Services (DCJS), between 1980 and the end of 1985, there were 7,083 homicide arrests in NYC. These offenses represent 2.9% of all Index Part 1 violence arrests, including robbery, and 1.2% of Part 1 violence and property arrests in NYC. Table 3 shows estimates of homicide arrest rates between 1980 and 1985 among Hispanics, blacks, whites, and Asian/others according to two broad age groups, ages under 18, and 18 and older. The published reports provide only these age breakdowns, and separate gender data are not available. The 1981 to 1985 rates were estimated with the same projections used in Table 2.

In 1980 in NYC, there were 19 homicide arrests per 100,000 population ages 10 or older. The Hispanic homicide offense rate that year was 33.3 per 100,000, in contrast to rates of 38, 7.1, and 3 among blacks, whites, and Asians/others, respectively. Among Hispanics and blacks, juveniles have much lower rates than adults, while among the other ethnic groups, age makes less of a difference in the homicide offense rate. It is likely that the age differences in offense rates shown in Table 3 would be more dramatic if the age data were disaggregated.

Homicides committed by minorities decreased in the early 1980s. For example, Hispanic homicide arrests decreased from 376 in 1980 to 299 in 1985, while there was a decrease of only 17 arrests among whites during the same period. Applying the projections of 1970 to 1980 population changes previously used to estimate victimization, the data in Table 3 suggest that homicide offense rates are decreasing for Hispanics and blacks while remaining stable for the other groups. Hispanic adult offense rates appear to have dropped faster after 1983, while the decrease among blacks was less steep. Since the victimization data from Table 2 are not available for the years 1984 and 1985, it is difficult to compare trends in victimization and offense rates for the ethnic groups. However, it appears that from 1980 to 1983, Hispanics experience slight decreases in homicide arrest rates and slight increases in victimization. The reasons for this cannot be ascertained, but we note below that there is no evidence that victimization of Hispanics by non-Hispanics increased during the period in question. It may be noted in passing that Hispanic offense rates for other types of violence are also high. For example, the arrest data indicate that in 1980 the Hispanic assault arrest rate was 320.5 per 100,000, while their rape and robbery rates were 29.3 and 366.8 per 100,000, respectively. The corresponding rates for blacks in 1980 were 488.7, 62.2, and 893 per 100,000, respectively. Whites' and Asian/others' rates were markedly lower.

To explore the extent of homicide risks among the different Hispanic groups in NYC, we examined the relationship between aggregate homicide rates and the respective proportions of Puerto Ricans and other Hispanics in NYC's police precincts (N = 51). The homicide data are taken from NYPD's 1981 precinct complaint and arrest reports. The precinct population data are from census data on Community Planning Boards made available by NYC's Department of City Planning. With a few exceptions, the planning board and precinct boundaries are co-terminous. There are modest zero-order correlations between the proportions of Puerto Ricans and blacks and the precinct homicide rates (r 's = .27 and .36, respectively; $p < .05$), but the correlation between the proportion of other Hispanics and the homicide rate ($r = .07$) is not significant. The zero-order correlation between the homicide rate and the proportion of Puerto Ricans is not reduced when we control--separately or jointly--for the proportions of other Hispanics or blacks in the precinct. The data thus indirectly suggest that Puerto Ricans have higher homicide rates than non-Puerto Rican Hispanics in NYC. The findings are only suggestive because the precinct homicide data are aggregate rather than ethnicity-specific, and the demographic data do not distinguish among the various Hispanic groups. Their tentativeness underscores the necessity to collect and publish crime statistics for specific Hispanic and other ethnic groups in areas with diverse ethnic populations such as NYC.

Social-situational characteristics of Hispanic homicides

As indicated above, one objective was to seek theoretical clues to factors associated with homicide risks among Hispanics. The report examines the relationship between victim and perpetrator, the ethnicities of perpetrators and victims, the precipitating circumstances of the homicides, and the type of weapons used. To increase the number of cases in table cells, we combined data for the four-year period 1980 to 1983.

An important characteristic of homicides is the extent to which victim and perpetrator knew each other. Table 4 shows the relation between victim and perpetrator among Hispanic, black, white, and Asian/other victims. Hispanics and blacks are more likely than whites or Asians/others to be victimized by persons known to them. Black victims are more likely than white or Hispanic victims to be family relations of the perpetrator. If stranger homicides are excluded, 15% of Hispanic victims, 17% of white victims, 21% of black victims, and 10% of Asian/other victims were family relations of the perpetrator. Hispanics are similar to whites with respect to having a low proportion of family homicides, but similar to blacks in terms of having a low proportion of stranger homicides.

Interethnic conflict is a source of violence of particular concern to communities. Some observers have linked an increase in interethnic violence with the development of the civil rights struggles of the 1960s and 1970s (2). Section A of Table 5 shows the ethnicity of homicide victims according to the perpetrator's ethnicity, and Section B shows the perpetrator's ethnicity according to the victim's ethnicity. Over 70% of homicides are intraethnic. However, comparison of the last column of Table 5A with the last row of Table 5B shows that there is a higher proportion of victims among the white population than among the minority population. Table 5B shows that three-fourths of Hispanic victims were killed by Hispanics, more than four-fifths of black victims were killed by blacks, while approximately half of white and Asian/other victims were killed by members of their corresponding ethnic groups. The pattern shown in Table 5 is consistent if we examine the data separately by year. However, because the perpetrator's ethnicity is not known in about one-third of cases, Table 5 must be interpreted with caution.

Is the imbalance between white and minority victimization a reflection of black and Hispanic hostility to whites, as suggested by the history of ethnic conflict since the 1960s? Factors other than ethnic hostility may explain this imbalance. An explanation that can be tested through the available data concerns ethnic differences in the circumstances precipitating the homicide. Black (10) has pointed out that homicide is usually associated with preceding crimes that may be viewed as precipitants. Property crimes such as robbery and other crimes such as drug sales involve risks of escalating into homicide. The imbalance between white homicide victims and minority perpetrators may be due to the greater involvement of minorities in property crime and the fact that affluent whites are a desirable target for property crimes. If this explanation is valid, ethnic imbalances should be greater in homicides precipitated by property crimes rather than in those precipitated by interpersonal disputes.

Most interpersonal disputes that come to the attention of the criminal justice system are classified as assaults. In 1985 in NYC, 46% of Index Part 1 violent offense arrests, including robbery, were classified as assaults. In contrast, 2.5% of these arrests were homicides. Notwithstanding the rarity of homicides, interpersonal disputes involving assaults are the most common precipitant of homicides, while robberies and other crimes are less important. In NYC, more than four-fifths of all homicides originated in assaults following interpersonal disputes; robberies, drug-related disputes, and sexual crimes accounted for 15%, 24%, and less than 1% of all homicides,

respectively. Table 6 shows the ethnicities of perpetrator and victim according to the precipitating circumstance associated with the homicides. Burglary- and sexual-crime-precipitated homicides are not included because their numbers are too small to yield reliable tabulations. However, the interethnic patterns described below are generally applicable to these two precipitants. Overall, 9% of black perpetrators' victims and 10% of Hispanic perpetrators' victims are white (Table 5A). However, Table 6 shows that in interpersonal-dispute homicides, the corresponding proportions of white victims are 4% and 6%. In contrast, in robbery homicides, 25% of black perpetrators' victims and 29% of Hispanic perpetrators' victims are white. The data strongly suggest that Hispanic and black homicides involving white victims are more likely to be initiated by crimes whose original motivation is property and less likely to be initiated by interpersonal disputes.

Assault with a firearm is more likely to prove fatal than assault with other types of weapons. In NYC in the 1980s, approximately three-fifths of homicide victims were killed with a firearm, in most cases a handgun. Table 7 indicates that Hispanics are the most likely to be killed with handguns. Asian/other victims also have a high proportion of handgun homicides, while blacks and whites have much lower proportions. If it can be assumed that most people who used firearms in homicides had them in their possession prior to the act, the ethnic differences shown in Table 7 are probably indicative of differences in handgun and other firearm ownership. An alternative explanation is that there are no ethnic differences in firearm ownership, but that Hispanics are more disposed to use them, or less able to control their use, in circumstances preceding homicides. Either way, the data suggest that handgun use is a more important risk factor for Hispanics than for the other ethnic groups.

SUMMARY AND DISCUSSION

Hispanics in NYC, especially males in their late teens and early twenties, are at high risk of committing or being victims of homicides. Hispanic females are at lower risk compared to Hispanic males. Hispanics' risk of committing violence other than homicide is higher than whites and lower than blacks, but juvenile Hispanics' offense risks are closer to whites than blacks. Thus, homicide victimization or offenses are of particularly high risk for Hispanics. Precinct homicide and population data also suggest that Puerto Ricans have higher homicide risks than other NYC Hispanic groups, but limitations of the data require that the findings be viewed with caution.

The data provide useful clues about factors associated with homicide among Hispanics and other ethnic groups in NYC. Most victims are killed by a person of the same ethnicity, but Hispanics and blacks have greater proportions than whites of intraethnic homicides. This is mostly due to greater Hispanic and black involvement in property crimes, a small proportion of which escalate into homicide. In homicides precipitated by interpersonal disputes, the proportions of whites killed by blacks and Hispanics are similar to the proportions of Hispanics and blacks killed by whites. Finally, Hispanics appear more likely to use firearms than the other ethnic groups, and this may increase their victimization risks. The findings are limited

because more detailed cross-tabulations are not available to examine interrelationships among these factors, and because information on other factors posited to influence homicide is also not available.

Although the low socioeconomic situation of Hispanics and blacks may be an important influence in their homicide rates, an untested assumption of this paper is that some aspects of Hispanic culture may provide impulses toward homicide as a solution to interpersonal challenges, while other aspects may inhibit such impulses. For example, ethnographic studies of Chicano youth have explicitly linked violence propensity with Hispanic cultural norms associated with the male role (11). Causal testing is obviously beyond the scope of the available data, but some of the findings illustrate how the cultural distinctiveness of Hispanics may influence their homicide and violence patterns.

Some of the observed differences in homicide correlates between Hispanics and the other ethnic groups seem to point to the moderating influence of the Hispanic family. For example, it has been proposed that the stresses of poverty influence homicides among family members. In NYC in 1980, Hispanics had a median income of \$9,676, while blacks and whites had a median income of \$10,713 and \$16,058, respectively (12). Given the similarity in socioeconomic status between Hispanics and blacks, there is a lower-than-expected proportion of family members among Hispanic homicide victims; and given the differences in income between Hispanics and whites it is notable that both groups have similar proportions of family-related homicides. This suggests that Hispanic norms about family solidarity may intervene to attenuate the potential danger of family conflicts, which are intensified by the stresses of poverty.

The comparatively low homicide rate incurred by Hispanic females also seems to point to the influences of Hispanic cultural norms. The subculture of violence perspective stresses that among lower-class individuals, violence is often used to settle interpersonal conflicts. The imbalance between Hispanic male and female rates suggests that Hispanic norms regarding male conduct are consonant with the subculture of violence, but that norms governing relations between the sexes may shelter females from situations of high violence. The relatively advantaged position of Hispanic females viz a viz males has been remarked upon in examinations of other types of problem behavior. For example, alcohol-use studies also note dramatic differences between Hispanic male and female drinking (13,14).

While the available information cannot answer it, the most interesting question suggested by these findings is why Hispanic violence offense rates are markedly lower than blacks. The findings on homicide rates are surprising because Hispanics are among the lowest income groups in NYC and exceed blacks on other indicators of deprivation and social distress. This contrasts with income-homicide relationships in other areas where Hispanics predominate. In these areas, Hispanics have intermediate income and homicide rates in relation to blacks and whites (15). Given their low socioeconomic status, we would expect NYC Hispanics to engage in violence offenses at greater rates than they do. The interplay between Hispanic socioeconomic

status and subculture constitutes an intriguing research problem to be pursued in the future.

This paper has examined available sociodemographic and situational data to determine the extent to which Hispanics in NYC are at risk of homicide and to explore how these factors influence their homicide risks. Although the paucity of available data constrains the scope of this investigation, it is hoped that these findings will stimulate the collection and analysis of information about factors associated with homicide and other types of violence among the different Hispanic and other ethnic groups in the United States.

FOOTNOTES

1. Rates were estimated by using a projection of changes (from 1970 to 1980) in the ethnicity and age composition of the male and female populations. To project these changes, some assumptions about the population's composition had to be made. Detailed 1970 age and gender estimates are not available for Hispanics in general, only for Puerto Ricans. Therefore, the 1970 estimates of Hispanics were calculated on the assumption that Puerto Ricans and other Hispanics have a similar age and sex distribution. Because the city's population decreased from 1970 to 1980, the projections estimated small population decreases after 1980. In fact, according to official city estimates, the city lost population until the late 1970s and has gained population since then. Therefore, the 1970 to 1980 projected numbers were adjusted upwards to correspond to the higher official estimates. The population base is computed on the assumption that other hidden components of the 1970 to 1980 change remained stable past 1980. For example, population changes in New York City were probably affected by the number of in- and out-migrants, and these may have changed since 1980. In sum, although the post-1980 rate estimates may be based on untested assumptions, any bias arising from these is not critical to this paper's objective of examining broad ethnic differences in magnitudes of risk.

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Table 1

Homicide Rates per 100,000 Population, New York City, 1980, by Ethnicity, Age, and Gender

Gender and Age	Hispanic	White	Black	Asian/ Other	All Groups
Males:					
0-15	7.6	2.3	10.9	0	6.4
16-20	84.6	35.7	105.8	63.8	70.0
21-24	131.2	31.7	238.8	34.6	101.2
25-34	125.6	26.3	190.6	17.9	79.6
35-44	95.7	22.8	120.8	4.9	61.2
45-54	80.2	21.9	100.4	24.0	48.5
55+	36.1	12.5	40.3	24.6	18.9
Total	67.8	18.8	95.3	17.6	46.3
Females:					
0-15	2.5	2.0	5.5	7.4	3.5
16-20	10.9	10.1	5.5	10.9	8.8
21-24	18.9	3.9	30.8	9.8	14.6
25-34	13.0	3.5	23.2	3.4	10.4
35-44	8.1	4.0	15.7	0	8.1
45-54	1.3	2.3	10.3	0	3.9
55+	0	4.3	9.9	5.9	4.9
Total	7.2	4.0	13.3	4.8	6.9
Both Genders:					
0-15	5.1	2.2	8.2	3.5	5.0
16-20	47.1	23.1	54.4	37.7	39.7
21-24	69.2	17.4	120.9	21.2	54.8
25-34	63.6	14.9	95.6	10.4	43.2
35-44	48.1	13.3	60.6	2.5	33.0
45-54	35.5	11.5	48.1	12.2	24.1
55+	14.4	7.7	21.6	15.0	10.6
Total	35.4	10.9	50.0	11.2	25.2

Table 2

Homicide Rates per 100,000 Population, New York City, 1980-1983, According to Ethnicity, Age Group, and Gender

Ethnicity and age group;	MALES.....			FEMALES.....			BOTH SEXES.....				
	1980	1981	1982	1980	1981	1982	1980	1981	1982	1983	
Hispanics:											
Ages 0-15	7.6	4.7	6.6	7.6	5.9	4.5	5.0	5.1	5.3	5.6	6.3
16-20	84.6	89.0	72.0	67.2	9.3	10.3	21.3	47.1	48.5	40.7	43.9
21-24	131.2	156.0	153.0	138.7	9.2	11.6	16.3	69.2	75.2	75.5	71.9
25-34	125.6	133.5	170.2	149.2	14.0	13.6	11.8	63.6	67.8	84.1	73.6
35-44	95.7	106.6	84.1	105.3	1.0	13.4	11.2	48.1	49.3	45.8	54.4
45-54	80.2	66.9	53.2	52.3	2.5	4.8	9.1	35.5	30.3	25.7	27.7
55+	36.1	35.8	26.4	14.7	9.7	3.1	4.8	14.4	20.1	12.3	8.8
Total	67.8	71.8	72.2	69.0	7.5	8.5	10.2	35.4	37.4	38.1	37.6
Whites:											
Ages 0-15	2.3	2.4	3.0	5.5	3.5	1.9	1.0	2.2	2.9	2.5	3.3
16-20	35.7	18.4	14.3	19.7	3.8	4.0	4.1	23.1	11.2	9.2	12.1
21-24	31.7	23.7	23.4	27.2	6.7	6.2	7.1	17.4	15.0	14.7	17.1
25-34	26.3	25.5	24.8	17.3	3.2	3.1	2.4	14.9	14.4	14.0	9.9
35-44	22.8	31.9	30.5	25.6	3.6	5.3	3.3	13.3	17.6	17.8	14.4
45-54	21.9	14.9	22.8	14.0	2.9	2.5	3.2	11.5	8.5	12.2	8.4
55+	12.5	10.5	9.2	7.7	4.9	4.5	3.3	7.7	7.2	6.4	5.1
Total	18.8	16.6	16.7	14.4	4.2	4.0	3.2	10.9	10.0	9.9	8.4
Blacks:											
Ages 0-15	10.9	14.6	14.1	12.8	8.7	4.1	7.8	8.2	11.6	9.2	10.3
16-20	105.8	110.8	112.3	99.8	18.0	10.2	16.8	54.4	63.3	60.2	57.4
21-24	238.8	211.7	135.1	168.3	24.2	14.6	18.5	120.9	105.9	67.4	84.6
25-34	190.6	198.3	157.8	145.2	22.1	19.1	12.0	95.6	98.5	79.4	70.1
35-44	120.8	103.8	88.6	99.2	11.5	13.5	10.9	60.6	50.8	45.5	48.5
45-54	100.4	114.1	79.5	63.2	4.0	8.9	7.7	48.1	50.2	38.5	30.9
55+	40.3	49.3	36.6	36.1	8.9	6.8	2.2	21.6	24.4	18.2	15.1
Total	95.3	97.0	77.7	77.1	13.2	10.4	9.8	50.0	50.6	40.5	39.9
Asian/other:											
Ages 0-15	0	0	5.5	2.5	0	3.1	0	3.5	0	4.4	1.3
16-20	63.8	57.7	26.4	8.0	0	0	0	37.7	29.3	13.4	4.1
21-24	34.6	31.4	19.2	52.9	8.9	0	15.1	21.2	19.3	8.9	32.5
25-34	17.9	9.6	20.5	13.3	3.1	5.6	2.5	10.4	6.3	12.9	7.8
35-44	4.9	13.4	4.1	7.4	0	0	0	2.5	6.8	2.1	3.8
45-54	24.0	29.1	13.4	12.3	7.6	0	6.5	12.2	18.6	6.8	9.4
55+	24.6	5.7	36.9	0	0	0	0	15.0	2.8	18.2	0
Total	17.6	14.5	15.9	10.3	2.2	2.0	2.5	11.2	8.4	9.0	6.4
All groups:											
Ages 0-15	6.4	6.8	7.7	8.3	5.7	3.4	4.4	5.0	6.3	5.6	6.4
16-20	70.0	67.7	62.2	58.9	9.8	7.7	13.1	39.7	38.6	34.8	36.0
21-24	101.2	97.8	79.6	89.0	12.1	9.6	12.9	54.8	52.0	42.4	48.7
25-34	79.6	82.0	81.3	70.2	10.1	9.5	6.9	43.2	44.2	43.5	36.9
35-44	61.2	64.8	55.4	61.3	5.2	9.4	7.3	33.0	33.1	30.9	32.6
45-54	48.5	46.2	40.7	32.8	3.2	4.5	5.8	24.1	22.7	21.0	18.1
55+	18.9	18.5	15.9	12.8	5.9	4.7	3.2	10.6	11.0	9.2	7.0
Total	46.3	46.8	42.9	41.1	7.0	6.5	6.4	25.2	25.4	23.4	22.5

Table 3

Homicide Arrest Rates per 100,000 Population, New York City, 1980-1985,
According to Ethnicity and Age Group

Ethnicity and Age Group	1980	1981	1982	1983	1984	1985
Hispanics						
10-17	19.4	21.3	24.0	19.7	13.1	15.2
18+	36.8	32.9	36.6	34.1	29.6	24.2
10+	33.3	30.6	34.2	31.5	26.7	22.7
Whites						
10-17	6.5	5.8	10.9	8.5	7.4	6.6
18+	7.2	6.1	7.9	8.6	6.6	7.2
10+	7.1	6.1	8.1	8.6	6.7	7.1
Blacks						
10-17	19.4	24.9	31.7	30.8	18.4	16.3
18+	42.4	41.9	45.5	43.2	37.9	37.9
10+	38.0	38.6	42.9	40.9	34.3	34.0
Asian/Others						
10-17	7.4	10.8	0	10.5	0	6.9
18+	2.4	2.7	0.5	0.5	3.5	3.6
10+	3.0	3.8	0.4	1.6	3.1	4.0
All Groups						
10-17	14.2	16.7	21.4	19.7	12.8	12.8
18+	19.8	18.6	21.4	21.0	18.3	17.8
10+	19.0	18.4	21.4	20.8	17.6	17.2

Table 4

Victim-Perpetrator Relationship According to Victim's Ethnicity,
New York City Homicides, 1980-1983

Relationship	<u>Victim Ethnicity</u>				
	Hispanic	White	Black	Asian/ Other	All Groups
Spouse, Common-Law	6.7	5.2	9.5	3.3	7.7
Other Family	5.2	6.5	7.2	3.3	6.3
Friend or Acquaintance	66.5	55.5	62.1	57.8	62.1
Stranger	21.6	32.8	21.2	35.6	23.9
Total (=100%)	(2000)	(1271)	(2892)	(90)	(6253)

Table 5

Victim and Perpetrator Ethnicity, New York City Homicides, 1980-1983

Part A		<u>Perpetrator Ethnicity</u>			
Perpetrator	Hispanic	White	Black	Asian/ Other	All Groups
Victim:					
Hispanic	74.1%	10.7%	11.5%	2.6%	32.8%
White	10.1	77.9	9.4	12.8	18.2
Black	15.2	9.6	78.5	15.4	47.6
Asian/Other	0.5	1.8	0.6	69.2	1.3
All Groups (100%)	(1541)	(560)	(2344)	(39)	(4484)
Part B		<u>Victim Ethnicity</u>			
Perpetrator	Hispanic	White	Black	Asian/ Other	All Groups (=100%)
Victim:					
Hispanic	77.6%	4.1	18.3	0.1	(1472)
White	19.1%	53.3	27.0	0.6	(818)
Black	11.0%	2.5	86.2	0.3	(2135)
Asian/Other	13.6%	16.9	23.7	45.8	(59)
All Groups	34.4%	12.5	52.3	0.9	(4484)

Table 6

Victim-Perpetrator Ethnicity According to Precipitating Circumstance,
New York City Homicides, 1980-1983

Circumstance and Victim Ethnicity	<u>Perpetrator Ethnicity</u>				All Groups
	Hispanic	White	Black	Asian/ Other	
<u>Robbery</u>					
Hispanic	53.4%	0%	18.8%	0%	28.1%
White	29.1	75.5	24.6	0	29.2
Black	15.0	17.0	54.7	100	39.8
Asian/Other	2.4	7.5	2.0	0	2.9
All Groups (100%)	(247)	(53)	(501)	(3)	(804)
<u>Drug-Related</u>					
Hispanic	78.0%	32.6%	14.0%	0%	40.2%
White	5.7	56.5	2.4	0	7.6
Black	16.3	8.7	83.6	100	52.0
Asian/Other	0	2.9	0	0	0.2
All Groups (100%)	(245)	(46)	(336)	(2)	(629)
<u>Interpersonal Disputes</u>					
Hispanic	79.6%	10.8%	7.2%	6.3%	34.3%
White	6.1	79.1	3.7	12.5	14.1
Black	14.0	9.3	88.8	12.5	50.8
Asian/Other	0.2	0.7	0.2	68.7	0.8
All Groups (100%)	(814)	(277)	(1108)	(16)	(2215)
<u>Other Crime</u>					
Hispanic	70.5%	11.3%	15.6%	0%	32.8%
White	8.4	83.1	16.7	0	30.3
Black	21.1	4.2	66.7	0	31.8
Asian/Other	0	1.4	1.0	100	5.1
All Groups (100%)	(95)	(71)	(96)	(12)	(274)

Table 7

Type of Weapon, According to Victim's Ethnicity, New York City Homicides,
1980-1983

Type of Weapon	<u>Victim Ethnicity</u>				All Groups
	Hispanic	White	Black	Asian/ Other	
Shotgun/Rifle	2.6%	3.3%	3.0%	2.0%	2.9%
Handgun	62.6	48.3	56.9	62.4	57.0
Cutting Instrument	23.2	21.8	25.1	23.8	23.8
Physical Force	7.9	18.1	10.6	9.9	11.3
Blunt Instrument	1.9	5.0	2.6	1.0	2.8
Other	1.8	3.4	1.8	1.0	2.1
Total (=100%)	(2200)	(3207)	(3207)	(101)	(6936)

HOMICIDE IN SOUTHERN CALIFORNIA 1966-1985: AN EXAMINATION BASED ON VITAL STATISTICS DATA

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ABSTRACT

Ethnic/racial differences were investigated in 28,535 homicides recorded in seven Southern California counties from 1966 to 1985. Homicide rates increased rapidly through the 1970s, peaked in 1980, and declined to a rate of 13.1 per 100,000 in Southern California and 18.3 per 100,000 in Los Angeles County in 1985. This pattern of findings occurred across all ethnic/racial groups; however, Latinos experienced the fastest growth in homicide rates. A dramatic change in rates per 100,000 occurred among young male Latinos -- 22 in 1970, 85 in 1980, and 45 in 1985. Male-to-female differences were greatest among Latinos; 7.0-9.5 times as many Latinos as Latinas were murdered.

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INTRODUCTION

Southern California provides an ideal setting for the study of ethnic differences in homicide and violence. Homicide has been one of the ten leading causes of death in the region since 1977. California's public health and criminal justice officials have recently turned greater attention to understanding homicides and other violent acts (1). Previous reports about homicide in the City of Los Angeles indicate that the problem increased at a rapid rate prior to 1980 (2). But little information is available for the early and mid-1980s to evaluate the extent of the current problem. Nor has there been information available to evaluate existing prevention programs throughout the greater Southern California area. Southern California's culturally and ethnically diverse population is experiencing rapid growth and dispersion away from the City of Los Angeles. Thus, one might expect that problems like homicide, once concentrated in the city, may become regional problems requiring regional responses.

Although Latinos, especially those of Mexican heritage, share the dubious distinction of being among the poorest group of people in the United States, they do not share many other characteristics of the urban poor. Latinos have relatively low risk of death from degenerative conditions such as heart disease and cancer which are the leading causes of death in the rest of the white population of the U.S. Yet, Latinos have higher mortality at the younger ages from communicable diseases and homicides.

In Southern California, Latinos are primarily of Mexican heritage, but during the late 1970s and early 1980s, substantial numbers of Central American and South American immigrants moved into the region (3). Southern California became the primary destination for immigrants to the United States during the 1970s and 1980s, thus increasing the cultural diversity and tensions in the region.

This paper examines characteristics of homicide victims in the seven counties of Southern California. We examined rates over the last twenty years to determine whether changes in homicide have occurred that need to be considered in developing and evaluating violence prevention programs.

METHODS

Data for this study come from two major sources: 1) California Department of Health mortality statistics for the seven counties of Southern California (Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura); and 2) the Census enumerations for these counties.

Information about deaths occurring in the state is routinely collected from death certificates on the California Master Mortality File. This file contains information about the person's age, sex, race, county of residence, and location of death. We searched the files for homicide deaths for the years 1965 through 1985. Using the International Classification of Disease (ICD) (4) "Homicide and Injury Purposely Inflicted by Other Persons" categories, homicides were identified as the cause of death based on the Eighth Revision (ICD-8, codes 960-969) for

those deaths that occurred prior to 1979 and the Ninth Revision for deaths from 1979 through 1985. Homicides due to legal intervention (ICD-8 and ICD-9, codes 970-977) or legal execution (ICD-8 and ICD-9, code 978) were excluded from these data. The Eighth and Ninth Revisions are identical except for a change in code 967 from "Assault by pushing from high place" to "Child battering and other maltreatment." Deaths due to the former were included in ICD-9 code 968 (5).

Homicide rates were calculated for four ethnic/racial classifications: Anglo, Latino, Black, and Other. The mortality files, however, identify people only by racial categories: white, black, and other. In order to identify Latinos, a three wave search of the files was conducted as follows: 1) surnames were matched with the 1980 Census Spanish Surname file; 2) place of birth or residence in Mexico or other Latin American or Caribbean countries identified; 3) search for "Indian" names not commonly included on the Spanish Surname file. Anglos were identified as white non-Latinos, Blacks as black non-Latinos, Other included all other non-Latinos, the vast majority of whom are of Native American, Asian, or Pacific Islander heritage.

Census data were taken from published estimates of the resident population of the various counties. Population estimates for intercensal years were derived from the 1960, 1970, and 1980 census population counts. Population data used to calculate rates in this paper were generated by linear interpolation between the 1960 and 1970 census data and the 1970 and 1980 census data for each Southern California county by age, ethnicity, and sex. Changes in the reporting of race in the 1970 and 1980 censuses result in inconsistent counts of the population. A modified 1980 census enumeration consistent with the 1970 race data was used to calculate population estimates. Populations for 1981 through 1985 were estimated using proportional growth rates obtained for the prior decade. The simple extrapolations used to estimate the intercensal years and the post-1980s yield estimates similar to more sophisticated cohort component projections (6).

A central problem related to the derivation of intercensal population data is the comparability of methods used by the U.S. Census Bureau to identify Latinos in each census. In the 1960 census, the Bureau used three different ways of identifying the Latino population: birth or parentage, "mother tongue," and surname for the five Southwestern States. In the 1970 census, estimates of the Latino population were derived from a 5% sample questionnaire with a self-identification question on "Spanish origin" supplementing data on birth or parentage, mother tongue, and surname. The 5% sample questionnaire was used in determining the Spanish surname count in the Southwest. The 1980 census identified Latinos by self-report. Persons who reported themselves as Mexican American, Chicano, Mexican, Puerto Rican, Cuban, Central or South American, or of other Spanish origin are identified as Hispanic ethnicity.

Age-, sex-, and age-sex specific rates of homicide were calculated for each ethnic group during the twenty-year period. The youngest and the oldest age groups are presented, but because of small numbers involved, and particularly in the case of the elderly, these rates should be considered less reliable. Homicide rates were calculated from data on homicides by

county of death and estimates of the resident population of that county. Rates were expressed per 100,000 persons. Standardized homicide ratios were calculated by comparing age-sex specific rates for the Latino, Black, and Other groups with the rate for Anglos.

RESULTS

A total of 28,535 homicides were recorded for Southern California counties from 1966 through 1985. More than three quarters (77%) of the homicides were reported in Los Angeles County. Since 1975, the proportion of homicides reported in Los Angeles County has declined as the Southern California population has dispersed to the surrounding counties.

In 1977, homicide became one of the ten leading causes of death in California (Table 1). California experienced trends consistent with nationally reported homicide rates, namely, a rapid increase in homicide rates during the 1970s which peaked in 1980. Rates have since declined to the current rate of 13.1 per 100,000 in Southern California and 18.3 per 100,000 in Los Angeles County (Table 1).

Crude homicide rates increased in Southern California from 1970 to 1975 by 45% and by 61% during the 1975 to 1980 period. Similarly, Los Angeles County experienced a 53% increase in homicide in the early 1970s and a 61% increase in the latter half of the decade. Between 1980 and 1985, homicide rates declined in the Southern California region and in Los Angeles County by 26% and 23%, respectively.

The increased homicide rates largely reflect increased rates for the Black and Latino populations, but all segments of the community experienced increased rates of homicide (Table 2). The Black community of Southern California historically has had homicide rates that are 7 to 8 times the Anglo rate. Latinos have rates similar to Anglos prior to the 1970s, but by 1975, the rates for Latinos were twice that for Anglos. In 1980, the Latino homicide rates were 3 times higher than Anglo rates, but by 1985, the difference in rates had declined to about 2.5 times.

Latinos experienced the fastest growth in homicide rates. The homicide victimization rate for Latinos doubled in Southern California and in Los Angeles County between 1970 and 1975 and doubled again between 1975 and 1980 (Table 3). Other segments of the population experienced slower rates of increase during the 1970s.

Homicide rates differed greatly for males and females (Table 4) in each ethnic group and persisted across the two decades. Both males and females experienced increased homicide rates during the 1970s and a decline in that rate during the 1980s. The homicide rate among Anglo males was about 2.5 to 3 times the rate for Anglo females throughout the twenty-year period. For Blacks, the homicide rate for males ranged from about 3.5 to 6 times the female rates. The difference between males and females was greatest throughout the twenty-year period for Latinos. Latinos were murdered at about a rate 7 times that of Latinas in the early 1970s and nearly 9.5 times during the late 1970s and early 1980s.

Young males experienced the highest homicide rates throughout the twenty-year period (Table 4). The largest increase in rates was observed for the 15-24 years age group during the late 1970s. This trend was especially dramatic among Latinos. The rate for young male Latinos rose from 22 per 100,000 in 1970 to a rate of 85 per 100,000 in 1980 before declining to 45 per 100,000 in 1985. Among the Black population, homicide rates for males were very high throughout adulthood ranging from a low of 84 to a high of 213 in 1980, the height of the homicide epidemic in Southern California. The rates declined with increasing age for all groups except Blacks.

The pattern of homicide for females differs from that of males in three respects: 1) rates are relatively low; 2) the highest rates of victimization occur among very young and elderly females; and 3) rates do not differ greatly for Anglos and Latinas. Homicide rates are 4 to 5 times higher for young Black females compared to Anglo and Latino females.

Compared to rates for Anglos, Latino and Black males experienced higher rates of homicide throughout the twenty-year period (Table 5). The rates for 15-24 year old Latinos rose from 2 times the Anglo rate to over 4 times the rate by 1980. In 1985, the homicide rate for young Latinos in Southern California declined to about 3.5 times the rate for young Anglos. Young children and elderly males have rates below the rates for Anglos. Latinas historically had rates less than Anglo females, but in recent years, their homicide rates have converged with Anglo rates, except among the youngest age group.

The twenty-year data on Latino homicide in Southern California, and in Los Angeles in particular, show the dramatic increase in homicide rates for males and a gradual rise for females during the late 1970s (Table 6). More recently, a gradual decline in rates from their all-time high in 1980 among both men and women is observed. The dramatic increase for males was largely due to the increased rate among 15-24 year olds during the late 1970s (Table 7). Rates rose fastest among the youth, with rates surpassing those for mature adults (25-34 years) between 1972 and 1983. Since 1983, the pattern of homicide rates has resumed the pre-1972 pattern with the highest rates found among the 25-34 year olds and rates declining after age 35.

DISCUSSION

Several sources of potential bias arise in this work related to misclassification of cause of death, identifying the Latino population, and count of the resident population. The extent to which deaths due to violence as a result of accident, suicide, and homicide are misclassified by race or ethnicity is undetermined, but there is no reason to believe that the rate of misclassification differs by ethnicity or varies across the decades.

Identifying Latinos by Spanish surname in the Southwestern states provides a good approximation of the population (7). Use of Spanish surname to identify Latinos has routinely been used in the Southwest since 1950 with considerable success because the vast majority of Latinos are of Mexican heritage and are more likely to have a Spanish surname than other Latinos. Some women gain a Spanish surname through marriage and others lose their

names in the same way. Because most Latinos of Mexican origin have a Spanish surname, out-group marriages have occurred at a moderate rate (8), and because of a large influx of new immigrants, coverage in Southern California by this method should be quite good.

Accurate enumeration of the Latino population has been a matter of continual debate since the 1950s. Recent changes in counting the population introduced in the 1980 census improved the counts of the undocumented population but did not eliminate the undercounting problem. In particular, the undercount of undocumented aliens in the census enumerations biases our estimates of Latino homicide rates upwards because our at-risk population is underestimated.

These data show a two-decade trend of increasing homicide rates in California which peaked in 1980 and slowly declined to a 1985 rate of 13.1 per 100,000 in Southern California and 18.3 in Los Angeles County. Declining rates were observed across all ethnic and age groups.

Differences in patterns of homicide for Anglos, Blacks, and Latinos in Southern California, however, are striking. Our data confirm previously reported findings for the City of Los Angeles (2). The major differences include level of risk of homicide, age-specific patterns of homicide, and male-to-female differences in rate.

Latino homicide rates were between Anglo and Black rates for the majority of the twenty-year period. Latino homicide rates in the late sixties were quite similar to those of Anglos, but during the 1970s, Latino rates rose rapidly.

Latinos are younger when murdered than both Anglo and Black victims during the twenty-year period. Latino rates in the late 1960s and early 1970s peaked during the 25-34 year category but shifted during the mid-1970s and early 1980s to the 15-24 year age category. Unlike Black rates that peak during the 25-34 year age category and remain high throughout adulthood, Latino rates decline to levels approaching Anglo rates during mature adulthood. Recent data suggest that Latino peak rates are shifting back to the 25-34 year age category.

Homicide rates for males and females in each ethnic group differ vastly. Latino rates are about 7 times higher than that for Latinas. This differential is quite unique among the ethnic groups with Anglo and Black males experiencing rates 2 to 4 times the female rates, respectively.

The increased homicide rate over the past twenty years appears to be partly due to a cohort effect and partly an increase in violent behavior across all age groups. Homicide rates rose steadily since the mid-1960s in Southern California. Because the young are particularly at risk, homicide rates rose dramatically as the proportion of the population in the under-25 age group expanded. Increases were observed in every age group although less dramatic. As the proportion of high-risk young adults in the population has declined so have homicide rates, albeit slower than they rose.

Will we see continued high rates of violence in the older-age cohorts simply because there are more violent people in this age group? Given that the 15-24 year olds make up a smaller proportion of the total population, will the number of homicides and other violent crimes continue to fall, or will the 25-34 and 35-64 year olds maintain high rates of violent behaviors as their proportions of the population increase? Will we be lulled into complacency until the next generational bulge of 15-24 year olds works its way through the high-risk ages in the mid-1990s?

It is no accident that homicide victims are in the wrong place at the wrong time. A large number took some action that precipitated their deaths. In 1985, 54% of Latino murder victims were killed by friends and acquaintances, and 14% were killed as a result of gang activity (1). About 61% of the homicides were the result of arguments. About 21% of the murders occurred as a result of rape, robbery, or burglary and drug-related crimes. Unlike the Anglo population, Latinos were less likely to kill a member of their family.

Latinos were killed primarily by firearms (60%) and knives (28%). The vast majority of firearms used were handguns.

Prevention of homicide, a chronic social disease, is complicated by the fact that at least two people are involved. Who should be the focus of attention -- the murderer or the murdered? Should the public health community focus on reducing the chances of people becoming victims or identifying and educating individuals with violent tendencies?

Ethnicity, sex, and age differences help predict the likelihood of who will be murdered, but they provide little information about why someone is murdered and how to prevent such violent actions. Patterns of homicide common to all ethnic groups, such as the high rate among young males, helps to target resources and programs for homicide prevention. The persistently high rates for Black youth and adults, and the youthful pattern that declines in adulthood among Latinos strongly suggests that prevention strategies must take into account the different experiences of these high-risk groups.

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Table 1

Homicides by Year of Death: California, Southern California,
Los Angeles County, 1966-1985

Year of Death	<u>California*</u>	<u>Southern California</u>		<u>Los Angeles County</u>	
	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
1966		524	5.1	420	6.3
1967		627	5.9	508	7.6
1968		754	6.9	624	9.1
1969		846	7.6	694	10.0
1970		868	7.6	682	9.7
1971		1012	8.7	813	11.5
1972		1187	10.1	943	13.2
1973		1164	9.7	909	12.7
1974		1274	10.4	979	13.7
1975		1372	11.0	1074	14.8
1976		1404	11.1	1064	14.6
1977	11.4	1618	12.6	1223	16.7
1978	12.0	1750	13.4	1318	17.8
1979	12.7	2007	15.2	1487	20.0
1980	14.4	2375	17.7	1784	23.9
1981	13.2	2150	15.7	1600	21.3
1982	11.6	1904	13.7	1475	19.5
1983	10.7	1885	13.4	1434	18.8
1984	NA	1911	13.4	1409	18.4
1985	NA	1903	13.1	1412	18.3

* Rates since homicide was added to the state's reported ten major causes of deaths list.

Source: California Mortality Files

Table 2

Homicide Rates per 100,000 by Year of Death and Ethnicity,
Southern California, 1966-1985

Year of Death	Anglo	Latino		Black		Other	
	Rate	Rate	Relative Risk Ratio	Rate	Relative Risk Ratio	Rate	Relative Risk Ratio
1966	3.4	4.9	1.4	24.3	7.1	1.0	0.3
1967	4.1	4.9	1.2	27.0	6.6	3.2	0.8
1968	4.4	6.4	1.5	34.4	7.8	3.0	0.7
1969	4.9	5.8	1.2	39.2	8.0	2.0	0.4
1970	5.0	6.5	1.3	37.0	7.4	1.3	0.3
1971	5.1	8.6	1.7	43.7	8.6	3.6	0.7
1972	6.0	9.7	1.6	50.0	8.3	2.6	0.4
1973	6.3	9.6	1.5	43.3	6.9	1.8	0.3
1974	6.2	11.2	1.8	47.2	7.6	5.0	0.8
1975	6.8	12.0	1.8	46.8	6.9	4.7	0.7
1976	6.8	14.1	2.1	42.2	6.2	4.7	0.7
1977	7.7	15.8	2.1	48.7	6.3	3.9	0.5
1978	7.7	18.9	2.5	48.3	6.3	5.3	0.7
1979	7.8	23.1	3.0	55.6	7.1	5.9	0.8
1980	9.3	25.6	2.8	64.5	6.9	8.1	0.9
1981	8.0	22.0	2.8	60.3	7.5	6.7	0.8
1982	7.1	18.6	2.6	53.7	7.6	5.5	0.8
1983	7.3	18.7	2.6	47.1	6.5	5.0	0.7
1984	7.1	18.6	2.6	47.9	6.7	5.8	0.8
1985	7.2	17.3	2.4	46.7	6.5	6.6	0.9

Table 3

Homicide Rates per 100,000 by Year of Death and Ethnicity,
Los Angeles County, 1966-1985

Year of Death	Anglo	Latino		Black		Other	
	Rate	Rate	Relative Risk Ratio	Rate	Relative Risk Ratio	Rate	Relative Risk Ratio
1966	4.0	5.8	1.5	26.2	6.6	1.4	0.4
1967	5.1	6.0	1.2	29.2	5.7	2.7	0.5
1968	5.5	8.2	1.5	37.0	6.7	3.8	0.7
1969	6.4	6.7	1.0	41.2	6.4	2.0	0.3
1970	5.9	7.9	1.3	39.1	6.6	0.8	0.1
1971	6.1	11.0	1.8	47.5	7.8	3.4	0.6
1972	7.2	11.4	1.6	55.5	7.7	2.8	0.4
1973	7.9	10.9	1.4	47.1	6.0	1.7	0.2
1974	7.5	12.6	1.7	50.8	6.8	6.7	0.9
1975	8.9	13.9	1.6	51.4	5.8	5.3	0.6
1976	8.5	16.1	1.9	46.0	5.4	5.9	0.7
1977	9.7	17.6	1.8	53.8	5.5	5.1	0.5
1978	9.9	20.9	2.1	53.5	5.4	7.1	0.7
1979	9.9	25.3	2.6	60.6	6.1	7.1	0.7
1980	11.7	28.9	2.5	73.0	6.2	9.5	0.8
1981	9.9	25.5	2.6	66.7	6.7	7.5	0.8
1982	10.1	21.7	2.1	59.7	5.9	6.8	0.7
1983	10.2	21.6	2.1	53.4	5.2	6.3	0.6
1984	9.5	20.6	2.2	53.9	5.7	6.7	0.7
1985	9.4	19.8	2.1	53.7	5.7	8.0	0.9

Table 4

Homicide Rate per 100,000 by Year of Death, Age, and Sex,
Los Angeles County

Age at Death (Years)	1970		1980		1985	
	Male	Female	Male	Female	Male	Female
<15	1.9	1.2	3.7	2.1	3.7	2.0
15-24	26.6	6.5	77.1	14.4	50.1	8.2
25-34	29.6	9.4	65.4	11.1	49.8	10.6
35-44	21.0	4.5	47.6	7.2	38.7	7.7
45-54	13.5	3.1	40.6	4.9	26.6	4.4
55-64	14.0	3.0	22.2	3.3	15.1	3.1
65-74	10.5	3.9	18.9	5.5	14.7	5.2
75+	9.0	5.4	15.3	7.5	7.8	7.7
All Ages	11.7	3.7	29.6	6.1	21.3	5.2

Table 5

Homicide Rate per 100,000 by Year of Death, Age, and Sex,
Southern California

Age at Death (Years)	1970		1980		1985	
	Male	Female	Male	Female	Male	Female
<15	1.5	1.3	3.1	2.1	2.8	2.0
15-24	18.9	6.0	51.9	10.1	32.7	6.4
25-34	22.9	7.0	48.9	9.6	35.3	8.1
35-44	14.8	3.2	36.0	6.8	26.8	6.6
45-54	11.7	3.5	27.4	3.9	18.6	3.5
55-64	11.1	2.2	16.4	2.9	11.8	3.3
65-74	8.0	3.3	13.5	4.6	11.0	3.9
75+	9.0	4.8	11.5	7.0	8.0	7.7
All Ages	11.7	3.7	29.6	6.1	21.3	5.2

Table 6

Homicide Rate per 100,000 by Year of Death, Sex, Age, and Ethnicity,
Southern California

Age at Death (Years)	MALES								
	1970			1980			1985		
	Anglo	Latino	Black	Anglo	Latino	Black	Anglo	Latino	Black
<15	1.4	0.5	4.4	2.5	2.5	8.9	2.2	1.5	8.2
15-24	10.2	22.0	101.1	19.4	85.4	176.4	13.3	44.7	108.9
25-34	12.2	25.3	123.3	21.5	80.8	192.3	15.1	56.4	139.1
35-44	8.3	13.5	87.4	17.8	54.3	144.3	13.9	41.4	93.8
45-54	7.6	10.4	70.5	15.2	37.9	212.6	10.4	29.8	170.9
55-64	9.4	9.3	44.2	9.8	27.2	83.8	7.9	15.4	50.9
65-74	5.9	12.6	40.8	11.4	16.1	25.3	8.1	14.4	46.8
75+	8.1	29.6	0	11.1	12.3	0	6.6	5.2	19.8
All Ages	7.2	11.5	58.2	14.1	46.0	114.0	10.5	29.8	80.5

Age at Death (Years)	FEMALES								
	1970			1980			1985		
	Anglo	Latino	Black	Anglo	Latino	Black	Anglo	Latino	Black
<15	1.0	0.3	5.1	1.5	1.2	8.4	1.9	1.2	4.6
15-24	3.8	2.2	33.8	7.3	10.2	27.4	3.5	6.4	23.3
25-34	3.8	3.5	42.6	7.1	6.9	38.3	5.5	8.5	28.4
35-44	2.9	2.5	9.2	4.9	5.6	20.7	4.6	6.5	22.1
45-54	2.6	2.6	18.3	3.6	1.7	14.9	4.1	1.5	3.4
55-64	2.4	0	3.3	2.2	4.0	7.2	2.5	2.2	10.5
65-74	3.5	0	5.8	4.5	2.3	10.7	3.9	4.0	3.0
75+	4.8	7.6	0	7.3	0	6.3	6.8	3.3	31.1
All Ages	2.8	1.7	17.8	4.8	4.8	19.8	4.0	4.5	16.4

Table 7

Latino Homicide Rates per 100,000 by Year of Death and Age,
Southern California, 1966-1985

Year of Death	Age at Death (Years)			
	0-15	14-24	25-34	35-44
1966	1.0	9.2	12.4	15.0
1967	1.0	14.9	11.8	9.0
1968	0.6	24.4	12.8	16.1
1969	1.7	13.6	23.5	17.0
1970	0.5	22.0	25.3	13.5
1971	0.8	28.6	31.9	18.0
1972	0.5	37.4	32.6	18.9
1973	3.4	35.1	21.2	15.3
1974	3.5	39.6	30.1	20.0
1975	2.7	43.9	35.4	23.0
1976	2.0	52.0	39.6	25.8
1977	1.9	59.5	43.3	27.1
1978	2.7	70.4	49.2	42.8
1979	2.6	89.6	60.3	44.9
1980	2.5	85.4	80.4	54.3
1981	2.3	73.1	68.6	55.3
1982	3.3	54.0	63.2	45.1
1983	3.2	53.0	57.4	44.0
1984	3.5	48.0	61.4	47.4
1985	1.5	44.7	56.4	41.4

Table 8

Latino Homicide Rates per 100,000 by Year of Death and Sex,
Los Angeles, County, 1966-1985

Year of Death	Males	Females
1966	9.1	2.5
1967	9.6	2.6
1968	14.2	2.4
1969	12.4	1.3
1970	14.9	1.2
1971	14.4	2.8
1972	17.1	2.3
1973	15.7	3.5
1974	18.8	3.6
1975	21.1	2.9
1976	23.9	4.2
1977	30.2	5.1
1978	38.2	3.7
1979	38.2	3.7
1980	46.2	4.4
1981	47.3	3.6
1982	39.5	3.8
1983	38.8	4.3
1984	36.3	4.7
1985	34.6	4.7

HOMICIDES IN BERNALILLO COUNTY: 1978-1982

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ABSTRACT

Homicide is a leading cause of death in the United States. In New Mexico, the homicide rate has consistently been above the national rate. This study examines homicide patterns among Anglos, Blacks, Hispanics, and Native Americans in Bernalillo County from 1978 through 1982. Reports from the Albuquerque Police Department and the Bernalillo County Sheriff's Department are the data source. Blacks have higher rates of victimization and perpetration than the other ethnic groups. Hispanic homicide victims were most likely to be under the influence of alcohol than victims from other ethnic groups. Anglos were most likely to be killed by family members, while Blacks were most likely to be killed by friends, and Hispanics were most likely to be killed by acquaintances.

INTRODUCTION

Homicide is a leading cause of death in the United States. Whatever the origin of the statistics examined, homicide accounts for at least 21,000 deaths a year. Since 1970, New Mexico's homicide rate consistently has been above the national rate. For the years 1980 and 1981, for instance, New Mexico's homicide rate was 16.3 and 12.3 per 100,000, while the national homicide rate for these two years was 11.0 and 10.7 per 100,000, respectively (1).

Despite the above statistics, research relating to the causes of homicide is limited to national trends, or homicides in large metropolitan areas with a focus on the racial differences between blacks and whites. Little is known about homicides that occur in Hispanic communities. With this in mind, it is the purpose of the present study to examine and analyze the social and situational variables common to the offense of homicide by using the City of Albuquerque, New Mexico (Bernalillo County), as a community case study.

The study of homicide in Albuquerque provides a unique opportunity for research in several ways, but probably most unique is that the city comprises four ethnic groups: Anglo, Hispanic, Native American, and Black. The State population for the four major ethnic groups is as follows: non-Hispanic White, 52.6%; Hispanic, 36.6%; Native American, 8.1%; and Black, 1.8% (2). In Bernalillo County, 56.9% of the population is non-Hispanic White, 36.4% Hispanic, 2.3% Black, and 2.7% Native American. Excluding the Native American population, the county's ethnic population is similar to the state's population.

METHODS

Homicide data for this study were obtained from records from the Albuquerque Police Department and the Bernalillo County Sheriff's Department. The study included those homicides committed between January 1, 1978 and December 31, 1982. The homicides studied were cases in which the respective law enforcement agency had investigated and considered them closed, i.e., in which an arrest was made. Those cases not solved were excluded from the study. This report does not distinguish between criminal and noncriminal homicide. During the five-year period of this study, the Albuquerque Police Department investigated 220 homicides, of which 189 were included in the current study. The total number of homicides investigated by Bernalillo County Sheriff's Department was not available.

The information available was gathered by law enforcement personnel. Homicide reports include information on demographic characteristics of both the victim and the offender, information on the weapon, scene of the crime, drug and alcohol use in the victim and offender, the victim-offender relationship prior to the offense, previous arrest record of the victim and offender, prior physical/verbal arguments or abuse on the part of either the victim or offender, and motive.

Representatives from the Albuquerque Police Department and the Bernalillo County Sheriff's Department provided the author with a list of

homicides that occurred between January 1, 1978 and December 31, 1982. Because many of the police files did not include an autopsy report containing information on the victim's blood alcohol content, a list of names and dates of death was requested from the office of the Medical Examiner.

This study examined three major questions: 1) homicide patterns among Anglos, Blacks, Hispanics, and Native Americans in Albuquerque, 2) victim-precipitated homicides among Anglos, Blacks, Hispanics, and Native Americans, and 3) comparison of homicide rate in Albuquerque with that of the United States.

VICTIM ANALYSIS

From January 1, 1978 through December 31, 1982, there were 228 homicides in Bernalillo County. Of these, 77.6% were males and 22.4% were females, or rates of 17.4 and 4.7, respectively.

Table 1 gives homicide rates by ethnicity. Blacks were six times as likely to be killed as were Anglos, three times as likely as Hispanics, and twice as likely as Native Americans.

Table 2 gives findings on homicide by ethnicity and sex. Among Anglos, 62.3% were males and 37.7% were females. There were greater percentage differences for Black males and females and Hispanic males and females. Ninety percent of Native American victims were males.

The mean age of homicide victims for this study was 31.2 years, while the median was 29.0 years. Fifty-two percent of all homicide victims were less than 30 years of age; 77.6% of the victims were younger than 40 years old. Male homicide victims had a mean age of 30.3 years and a median of 27.5 years, while females had a mean age of 34.4 years and a median of 34.0 years.

Table 3 shows the age-specific data for each ethnic group. The Anglo group had an age range of less than one year to 79 years. The age groups exhibiting the highest percentage of homicides among Anglos (16.4%) were the 25-29 age group and the 35-39 age group. The highest rate of homicide occurred in the 35-39 age group with 15.6 per 100,000 population.

Homicides among Black victims were more likely to occur at a younger age. Black victims had an age range of less than one year to 59 years. The highest percentage of homicides fell in the 25-29 age group (30%), followed by the 20-24 age group (20%) and the under-15 age group (15%). Seventy percent of all Black victims were younger than 30 years of age, and 80% were younger than 40 years. Excluding the age categories in which there was no victimization, Blacks had the highest rate of homicide. This is especially true in the age group 25-29 in which the rate was 140.2 per 100,000. This rate was followed by victims in the age groups 20-24 and 35-39, with rates of 78.8 and 76.1, respectively.

Among Hispanics the highest percentage of victimization was in the 20-24 year age range (18.9%), followed by the 35-39 year age group (17.0%) and the 25-29 year age group (16.0%). Hispanics between the ages of 35-39 had

the highest rate of homicides, 61.5. This rate was more than twice that of victims between the ages of 20-24 and 25-29.

The above analysis reveals important information regarding homicide victimization which is summarized as follows:

1. Males were more likely to be killed than females.
2. Hispanics and Anglos have lower rates of homicide victimization than Blacks and Native Americans.
3. Fifty-two percent of all homicide victims were less than 30 years of age. Males were younger than their female counterparts.
4. Regardless of age grouping, Blacks had a higher rate of homicide than other ethnic groups.

OFFENDER ANALYSIS

During the five-year time period of this study, there were 268 perpetrators of homicide in Bernalillo County. Of those, 86.2% were males and 13.8% were females. Males had a homicide offense rate seven times that for females (22.7 to 3.4).

Information on offender's ethnicity is provided in Table 4. Hispanics had the highest percentage of perpetrators, followed by Anglos and Blacks. Blacks had the highest offender rate, ten times that of Anglos, five times that of Hispanics, and four times that of Native Americans.

Regardless of ethnic background, males were predominantly the perpetrators of homicide (see Table 5). The only notable difference between the ethnic groups was the higher percentage of Black female offenders compared with females from other ethnic groups.

The highest offender rate was among persons between 30 and 34 years of age (58.0 per 100,000). Males were most likely to be the perpetrators of homicide if they were in the age group 20-24. The rate of homicide for this group was 53.0 per 100,000. Offenders under the age of 30 accounted for 72.6% of the perpetrators. Female offenders aged 20-24 had a rate of 10.4 per 100,000. Female offenders under the age of 30 accounted for 66.9% of the homicides involving females.

Table 6 provides age-specific rates by ethnic group. The age groups representing the highest rates of homicide offenders were 25-29 and 20-24. In those age groups in which a homicide was committed by a Black, the rates were at least double those found in other races. In short, regardless of age, Blacks had the highest rate of committing a homicide.

In summary, males were more likely to be the perpetrators of homicides than females. Although Hispanics and Anglos had the highest number (and percentages) of homicide perpetrators, Black offenders had the highest rates. Seventy-eight percent of homicide offenders were younger than 35 years of age. Male offenders were slightly older than female offenders. Anglo offenders tended to be older than the other ethnic groups.

ANALYSIS OF HOMICIDE EVENT

TEMPORAL PATTERNS

Month

There was considerable variation on the time of year when homicides occurred. Homicides were most frequent in May and least frequent in February. Using a winter, spring-autumn, and summer trichotomy for the twelve months, Wolfgang (3) noted more homicides occur during the hot months of May, June, July, and August, followed by the spring-autumn months of March, April, September, and October. Unlike Wolfgang's study, however, it appears homicides in Bernalillo County occurred in greater frequency during the spring-autumn months (35.7%) than the summer (33.5%) and winter months (30.8%). The rate of homicide per month was highest in April (.161 per day), followed by March and August (.135 per day) and November (.133 per day). It was lowest in February (.092), followed by October (.096).

There are noticeable differences when one compares the distribution of homicides by ethnicity. Anglos were killed more frequently in January and December, Blacks were more often killed in February, Hispanics in April, and Native Americans in March.

Day

There is an association between homicide and day of the week of the offense. Over twice as many homicides occurred on Saturday (22.5%) as on Monday (9.5%). More than 54% were killed on Friday, Saturday, or Sunday. Regardless of ethnicity, males were more likely to be killed on Saturdays (24.9%) than on any other day of the week, while females were most likely to be killed on Friday.

Hourly

As other studies have found, homicides were most likely to occur between 8:00 p.m. and 2:00 a.m. (42.1%). The least dangerous time period was between 8:00 a.m. and 2:00 p.m., accounting for 13.4%, or about one third the number of homicides during the highest period. When considering the sex of the victim, there are some interesting differences. Males were more likely to be killed between 8:00 p.m. and 2:00 a.m. (24.8%), while females were more likely to be killed between 2:00 p.m. and 8:00 p.m. (31.8%).

WEAPONS

Firearms were responsible for 64.2% of all homicides. A pistol or revolver was used in 71.0% of the cases, and a shotgun or rifle was used in 20.2% of the cases. An unknown firearm was used in the remaining cases. The second most frequent weapon used was a knife or sharp instrument (13.5%). Hands, feet, or fists were the weapon in 9.8%, and blunt instruments were used in 8.8% of the homicides.

Males and females were most likely to be killed by a firearm (68.1% and

51%, respectively). Hands, feet, fists, and knife or sharp instrument were each the lethal weapon in 14.3% of female homicides.

A firearm is the weapon of choice for Anglos, Blacks, and Hispanics. Whereas for Anglos and Blacks the two leading weapons were a pistol/revolver and shotgun/rifle, the two leading weapons for Hispanics were a pistol/revolver (46.6%), followed by a knife or sharp instrument (17.5%). A shotgun/rifle was used in 13.6% of the deaths. Weapons used against Native Americans were very different from those used against other ethnic groups. Native Americans were most likely to be killed by a knife or a sharp instrument (55.6%), followed by a blunt instrument (33.3%). Only one Native American victim was killed by a firearm.

SCENE

Regardless of sex or ethnicity, victims were more likely to be killed in their residence than any other place (34.4%). The second most frequent site was the street (12.1%) followed by a bar or parking lot (8%). There are major differences by sex of the victim. Males were killed in their residence 26.4% of the time, while 60% of female victims were killed at their residence. Even greater differences are seen when ethnicity of the victim is considered. Almost 52% of Anglo homicides occurred in the victim's residence, while 40% of Black homicides and 24.8% of Hispanic homicides occurred at the home of the victim. Unlike the other ethnic groups, Native Americans were not as likely to be killed at home. They were more likely to be killed in the street, bar, or parking lot.

ALCOHOL

Victim

Of the 212 victims in which blood alcohol could be determined, 49% showed a positive test. Of those testing positive, the average blood alcohol content was .16 mg/%. Males were more likely than females to have a positive blood test: 56.3% compared to 20.9%.

Table 7 shows data on alcohol by victim's ethnicity and sex. Hispanics were more likely to have a positive blood alcohol test than Anglos or Blacks (56.3% as compared to 30.6% and 47.4%, respectively). All five Native American male victims had alcohol in their systems. Excluding this sex-race group, Hispanic male victims were more likely to have a positive blood alcohol (61.9) compared with Black males (52.9%) and Anglo males (37.0%).

Offender

Of 286 offenders, 202 were tested for BAC. Eighty-six (42.6%) had a positive blood alcohol test at the time of the homicide event. Males were more likely to have been drinking at the time of the homicide than females (45% compared to 29%).

Native American offenders were more likely to have a positive BAC (88.9%), compared with Hispanic (40.7%) and Black offenders (37.9%). There was little difference between the Black and Hispanic offender with regard to the absence of alcohol.

VICTIM-OFFENDER RACIAL CONCORDANCE

Over 65% of the homicides were intraracial. Thirty-two percent were Hispanic, 24.1% were Anglo, 6.9% were Black, and 2.5% were Native American. In the current study, 35.5% of homicides were interracial. Of this percentage, 11.3% of the homicides involve an Anglo offender/Hispanic victim; 8.4% have a Hispanic offender/Anglo victim.

VICTIM-OFFENDER RELATIONSHIP

Victims of homicide in Bernalillo County were most frequently killed by someone they knew (71.1%). This included family, friends, and acquaintances. Important sex difference arose in the victim-offender relationship. Males were most likely to be killed by a stranger (35%) or an acquaintance (33.8%) and least likely to be killed by a friend (18.8%) or family member (12.5%). The reverse is true for females. They were five times as likely to be killed by a family member (50%) as by a stranger (10%).

As shown in Table 8, Anglo victims were more likely to be killed by a family member (35.1%) than Blacks (16.7%) or Hispanics (15.5%). Blacks were murdered more frequently by acquaintances (55.6%) than Hispanics (35.1%), Native Americans (22.2%), or Anglos (17.6%). In comparison to other ethnic groups, Hispanics were least likely to be killed by family (15.5%) or friends (17.5%).

Additional differences emerge when the data are refined to specific ethnic and sex groups. A major difference is that 36.6% of Hispanic males and 35.6% of Anglo males were slain by a stranger while there were no homicides against Blacks in which the offender was a stranger. A second important difference is that, unlike the Hispanic male, the Hispanic female was more likely to be killed by a family member (40%) or friend.

MOTIVE

Regardless of sex and ethnicity, an altercation was the primary motive for homicides in Bernalillo County (37.2%) (see Tables 9 and 10), followed by robbery (16.8%) and domestic quarrel (9.4%). Males were most likely to be killed during an altercation (41.2%), followed by robbery (17.6%). Females, on the other hand, were most likely killed during a domestic quarrel (34.2%), closely followed by an altercation (21.1%) and robbery (13.2%). It is interesting to note that Hispanic victims were less likely to be killed during a domestic quarrel than were Anglos and Blacks.

COMPARISON OF ALBUQUERQUE AND U.S. HOMICIDE RATES

As shown in Table 11, for 1978-1981, Albuquerque's homicide rate exceeded national rate estimates. In 1982, the local rate was less than the national rate.

CONCLUSIONS

The purpose of this study was to examine homicides in Bernalillo County to determine if differences exist among the various ethnic groups. The first question determined if there were differences in the homicide patterns among Anglos, Blacks, Hispanics, and Native Americans in Albuquerque, New Mexico. This study has found that there are distinct differences among the various ethnic groups. For example:

1. Higher rates for Blacks and Native Americans compared to Hispanics and Anglos;
2. Anglo females had higher homicide rates than their Black, Hispanic, or Native American counterparts;
3. Blacks had the highest rate of homicide perpetration.
4. Although a firearm was more frequently used in a murder regardless of ethnic background, Native Americans were more likely to use a knife or sharp instrument than any other group.
5. Hispanics were less likely to be killed in their own residence than Anglos and Blacks. Hispanics were more likely to be killed on a street than any other ethnic group.
6. Native Americans and Hispanics were more likely to have a positive BAC at the time of the homicide than other ethnic groups.
7. Anglos were more likely to be killed by a family member, while Blacks were more likely to be killed by acquaintances; Hispanics were more likely to be killed by strangers and acquaintances.
8. Hispanics were less likely than Anglos or Blacks to be killed during a domestic quarrel.

The second question centered on victim-precipitated homicides among the various ethnic groups. As the variable was coded, victim-precipitated homicides did not prove effective in determining similarities or differences among the ethnic groups examined.

The last question compared homicide rates in Albuquerque and the United States. Excluding 1982, in which Albuquerque's homicide rate was lower than the national rates (4-8), Albuquerque's rates for the previous four years were higher.

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Table 1

Frequency, Percentage, and Rate per 100,000 Population of Homicide,
by Ethnicity

	Number	Percent	Rate	Rate Ratio
Anglo	77	36.0	6.0	1.0
Black	20	9.3	42.9	7.1
Hispanic	107	50.0	13.8	2.3
Native American	10	4.7	20.2	3.4
TOTAL	214	100.0		

Table 2

Frequency, Percentage, and Rate per 100,000 of Homicide Victimization
by Ethnicity and Sex

	Male			Female		
	Number	Percent	Rate	Number	Percent	Rate
Anglo	48	62.3	8.3	29	37.7	4.8
Black	17	85.0	74.4	3	15.0	12.6
Hispanic	92	86.0	24.4	15	14.0	3.8
Native American	9	90.0	37.7	1	10.0	3.9

Table 3

Ethnicity and Age of Homicide Victims

	Anglo		Black		Hispanic		Native American	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Under 15	8	3.0	3	20.1	7	2.7	1	5.7
15-19	4	3.9	1	19.2	13	1.4	0	0.0
20-24	10	8.9	4	78.8	20	25.3	2	33.6
25-29	12	11.2	6	140.2	17	25.0	2	45.5
30-34	8	8.4	0	0.0	10	17.8	0	0.0
35-39	12	15.6	2	76.1	28	61.5	3	108.8
40-44	4	5.6	1	44.8	7	18.8	1	49.7
45-49	2	2.7	1	48.3	5	15.0	1	60.1
50-54	0	0.0	0	0.0	4	13.3	0	0.0
55-59	3	4.7	2	10.7	2	7.7	0	0.0
60-64	2	4.8	0	0.0	1	5.9	0	0.0
65+	8	7.3	0	0.0	2	5.1	0	0.0
TOTAL	73		20		106		10	
	\bar{x} = 33 Yrs Median = 31 Yrs		\bar{x} = 27 Yrs Median = 26 Yrs		\bar{x} = 30.4 Yrs Median = 29 Yrs		\bar{x} = 29.6 Yrs Median = 31.0 Yrs	

* Rate per 100,000 population

Table 4

Frequency, Percentage, and Rate of Homicide Offenders by Ethnicity

	Number	Percent	Rate*
Anglo	87	35.2	7.3
Black	36	14.6	77.2
Hispanic	109	44.2	14.0
Native American	9	3.6	18.2
Other	6	2.4	
TOTAL	247	100.0	

* Rate per 100,000 population

Table 5

Frequency, Percentage, and Rate of Homicide Offenders by Race and Ethnicity

	Number	Male Percent	Rate*	Number	Female Percent	Rate
Anglo	77	88.5	13.3	10	11.5	1.6
Black	28	77.8	123.1	8	22.2	33.5
Hispanic	91	84.3	24.1	17	15.7	4.3
Native American	8	88.9	33.2	1	11.1	3.9

* Rate per 100,000 population

Table 6

Frequency, Percentage, and Rate of Homicide Offenders by Ethnicity and Age

	<u>Anglo</u>		<u>Black</u>		<u>Hispanic</u>		<u>Native American</u>	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Under 15	4	1.5	0	0.0	3	1.1	0	0.0
15-19	6	5.8	9	172.9	24	25.9	1	50.4
20-24	17	15.7	8	157.7	29	36.7	3	50.4
25-29	18	16.9	5	116.7	15	22.1	3	68.2
30-34	14	14.7	5	151.3	14	25.0	0	0.0
35-39	9	11.7	5	190.4	5	10.9	1	36.2
40-44	1	1.4	1	44.8	13	34.9	0	0.0
45-49	7	9.4	0	0.0	2	6.0	0	0.0
50-54	3	4.6	1	53.9	0	0.0	1	72.1
55-59	1	1.5	0	0.0	1	3.8	0	0.0
60-64	2	4.8	0	0.0	0	0.0	0	0.0
65+	1	.9	0	0.0	0	0.0	0	0.0
TOTAL	83		36		106		9	
\bar{x} = 33.8 Yrs \bar{x} = 26.6 Yrs \bar{x} = 26.6 Yrs \bar{x} = 27.4 Yrs Median = 29 Yrs Median = 24 Yrs Median = 24 Yrs Median = 25 Yrs								

* Rate per 100,000 population

Table 7

Percentage of Positive Blood Alcohol in Homicides Victims in Bernalillo County by Ethnicity and Sex

	Alcohol Present (Percent)		
	Total	Male	Female
Anglo n=22	30.6	37.0	19.2
Black n=9	47.4	52.9	0.0
Hispanic n=54	56.3	61.9	16.7
Native American n=9	100.0	100.0	0.0

obtained $\chi^2 = 9.75$
 tabled $\chi^2 = 7.81$
 d.f. = 3
 p = <.05

Table 8

Type of Interpersonal Relationship between Victim and Offender by Victim's Ethnicity

	Anglo		Black		Hispanic		Native American	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Family	26	35.1	3	16.7	15	15.5	0	0.0
Friend	15	20.3	5	27.8	17	17.5	3	33.3
Acquaintance	13	17.6	10	55.6	34	35.1	2	22.2
Stranger	20	27.0	0	0.0	31	32.0	4	44.4
	—	—	—	—	—	—	—	—
TOTAL	74	100	18	100	97	100	9	100

Table 9

Motive of Homicide by Victim's Ethnicity

	<u>Anglo</u>		<u>Black</u>		<u>Hispanic</u>		<u>Native American</u>	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Altercation	13	21.3	11	57.9	38	40.0	4	80
Domestic Quarrel	9	14.7	2	10.5	7	7.4	0	0
Altercation Over Money	2	3.3	2	10.5	4	4.2	0	0
Robbery	14	22.9	0	0.0	13	13.7	1	20
Revenge	2	3.3	0	0.0	3	3.2	0	0
Halting of Felon	1	1.6	0	0.0	4	4.2	0	0
Drugs	1	1.6	0	0.0	2	2.1	0	0
Jealousy	3	4.9	1	5.3	3	3.2	0	0
Child Abuse	4	6.6	2	10.5	3	3.2	0	0
Witness	2	3.3	0	0.0	0	0.0	0	0
No Reason	2	3.3	0	0.0	2	2.1	0	0
Accidental	5	8.1	0	0.0	8	8.4	0	0
Self-Defense	2	3.3	1	5.3	4	4.2	0	0
Other	1	1.6	0	0.0	4	4.2	0	0
	—	—	—	—	—	—	—	—
TOTAL	61	100%	19	100%	95	100%	5	100%

Table 10

Motive of Homicide by Victim's Sex and Ethnicity, Percent

	Anglo		Black		Hispanic		Native American	
	Male	Female	Male	Female	Male	Female	Male	Female
Altercation	24.4	15.0	62.5	33.3	43.9	15.4	80.0	0.0
Domestic Quarrel	4.9	35.0	12.5	0.0	1.2	46.2	0.0	0.0
Altercation Over Money	2.4	5.0	12.5	0.0	4.9	0.0	0.0	0.0
Robbery	26.8	15.0	0.0	0.0	13.4	15.4	20.0	0.0
Revenge	4.9	0.0	0.0	0.0	3.7	0.0	0.0	0.0
Halting of Felon	2.4	0.0	0.0	0.0	4.9	0.0	0.0	0.0
Drugs	2.4	0.0	0.0	0.0	2.4	0.0	0.0	0.0
Jealousy	2.4	0.0	6.3	0.0	2.4	7.7	0.0	0.0
Child Abuse	7.3	5.0	0.0	66.7	3.7	0.0	0.0	0.0
Witness	2.4	5.0	0.0	0.0	0.0	0.0	0.0	0.0
No Apparent Reason	2.4	5.0	0.0	0.0	2.4	0.0	0.0	0.0
Accidental	9.8	0.0	0.0	0.0	0.0	15.4	0.0	0.0
Self-Defense	4.9	0.0	6.3	0.0	0.0	0.0	0.0	0.0
Other	2.4	0.0	0.0	0.0	4.8	0.0	0.0	0.0
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

Table 11

Homicide Rates, Albuquerque and the United States, 1978-1982

	Albuquerque	U.S. RATES	
		UCR	National Center for Health Statistics
1978	11.2	9.0	9.4
1979	11.8	9.7	10.2
1980	14.5	10.2	11.0
1981	10.5	9.8	10.7
1982	6.2	9.1	9.6



HOMICIDE AMONG HISPANICS - THE HOUSTON EXPERIENCE, 1984-1986

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ABSTRACT

Death certificate tabulations were used to investigate homicides in Houston, Texas, during 1984 through 1986. Homicide accounted for 2% of all deaths among whites, 6% among blacks, and 13% among Hispanics. The relative risk of homicides among Hispanic males exceeds that of black males in the age range of 15 to 44 years. Firearms and arguments were the most common situational elements in homicides for all three ethnic groups. Hispanic males were more likely than others to be killed in the street. Recommendations include future research on immigration status as a risk factor for homicide and consolidation of law enforcement and health department data to establish a single homicide surveillance system.

ACKNOWLEDGEMENT

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A heavy debt of gratitude is owed to the organizations that sponsored the first national "Research Conference on Violence and Homicide in Hispanic Communities"; the DHHS Office of Minority Affairs, the Centers for Disease Control, and especially to Tom Lalley of the National Institute of Mental Health who was a driving force behind the conference's organization, and Dr. Jess Kraus and Dr. Armando Morales of the University of California, Los Angeles, for their tireless work in hosting the conference.

INTRODUCTION

Homicide is a serious public health problem throughout the United States. In 1983, homicide was the eleventh leading cause of death in the United States, and ranked fourth as a cause of potential years of life lost to victims between the ages of 1 and 64 (1). As a cause of death, homicide particularly affects minorities and young adult males. National data for 1983 showed that the risk of death for blacks was five times that of whites, and that homicide mortality was the leading cause of death for blacks 15 to 34 years of age (1). In the five-state region of Arizona, California, Colorado, New Mexico, and Texas, ethnicity as measured by surname classification revealed another important dimension of homicide mortality. The risk of homicide among Hispanics was nearly three times that of Anglos (non-Hispanic whites) with nearly all of this increased risk experienced by young Hispanic males. Hispanic homicide rates for 1977 to 1982 were intermediate to those of Blacks and Anglos (1).

CDC surveillance reports have derived profiles of typical homicide in the United States. Males are at a significantly elevated risk of homicide; homicide rates peak for both male and females in the ages 20 to 34; about 60% of all homicides occur in the course of an argument or nonfelony circumstance; one-half of the victims knew their assailant; a greater proportion (31%) of female homicide victims were killed by a family member than male homicide victims (13%), and nearly two-thirds of all homicides involved firearms, most of which were handguns (1).

Although it is generally acknowledged that homicide, in its many forms, is the result of a complex interplay of demographic, socioeconomic, cultural, and psychological factors, little population-based research can be found contrasting ethnic dimensions of homicide. To date the most comprehensive population-based study of the ethnic and demographic features of homicide is the collaborative study of 4,950 cases of homicide that occurred in the city of Los Angeles from 1970 to 1979, a study conducted by the Centers for Disease Control and the University of California at Los Angeles (2). The results of the Los Angeles study showed distinctive patterns of homicide victimization among Hispanic, Black, and Anglo populations. In comparison to Black or Anglo victims, Hispanic victims were generally younger males and were more frequently victims of street-homicide by means of handguns or cutting instruments. The most common circumstance (28%) of homicide among 15- to 24-year-old Hispanic males was gang-related violence. The relative risk of homicide for Hispanic males compared to Hispanic females was 7.3 (2).

The Los Angeles study clearly pointed out that the circumstances and processes leading to Hispanic homicide are quite different from those associated with homicide in either the Los Angeles Anglo or Black populations. It is therefore of interest to inquire whether homicide patterns observed for the Hispanic population of Los Angeles may hold for other similar cities with large Hispanic populations. The purpose of this report is to examine the demographic patterns in the risk of homicide and to report the situational and interpersonal characteristics of homicide in Houston, Texas for the years 1984 through 1986.

MATERIALS AND METHODS

Study Area

Houston, Texas is the central city of the Houston-Galveston Texas Standard Metropolitan Statistical Area (SMSA). The SMSA encompasses 6,752 square miles and had a 1980 census population of 2.9 million. In 1978, the Houston SMSA had the highest homicide rate (24 per 100,000) of the 25 most populous 1970 SMSA's of the United States (3).

The central city of Houston covers 556 square miles with a 1980 census population of 1.6 million. In the 1980 census, 18% of the population reported themselves as persons of Spanish/Hispanic origin. Among all U.S. metropolitan areas, Houston ranks 6th in the number of persons of Spanish origin. Of the total 1980 census population of Houston, 55% were classified as white and 28% were classified as black. The median age of the Houston population is 27.6 years. Serious crimes known to police were reported at 7,892 serious crimes per 100,000 population in 1980 (4).

Data Sources

Two data sources were used to describe homicide mortality for the city of Houston for the years 1984 through 1986. Deaths categorized by the International Classification of Diseases (ICD) as "Homicide and Injury Purposely Inflicted by Other Persons", ICD Codes E960-E969, were abstracted from special death certificate tabulations provided by the City of Houston Health Department, Bureau of Epidemiology. Information about circumstances and interpersonal characteristics of homicides was abstracted from the computerized homicide record system (MAPPER), a geo-coding record system maintained by the Houston Police Department but available only for the years 1984 to 1986. The MAPPER system summarizes the information contained in the homicide "Offense Reports" filed by the law enforcement investigating officers.

Designation of Hispanic ethnicity for Texas death certificates is based on a list of Spanish surnames used by the Texas Bureau of Vital Statistics that is identical to that used in the CDC homicide surveillance reports of homicide in five southwestern states (1). The MAPPER system takes its classification of race/ethnicity from that reported by the investigating law enforcement officers.

Analysis

Data on the situational and interpersonal circumstances of homicide are presented as cross-tabulations using definitions that are consistent with the 1985 Los Angeles Homicide Study (2). Variables presented include site of occurrence, weapon or method used, circumstances or motive, and the victim-to-assailant relationship. Based on death certificate information, proportional mortality ratios (PMR's) are used to estimate the relative risk of homicide by age and race/ethnicity using white proportional mortality as the reference homicide experience. The PMR accurately estimates relative risks of homicide only insofar as the occurrence of death from causes other than homicide are similar among the race/ethnicity population groups compared (5). The lack of current population census

information by ethnicity precluded the population-based computation of the incidence of homicide.

RESULTS

Demographic Patterns of Homicide

During the period 1984-1986, 1,413 homicides were investigated by the Houston Police Department. As shown in Figure 1, of the total of 1,413 homicide victims 41% were black, 32% Hispanic, 25% white, and 2% Asian. The distribution of homicides by sex and race/ethnicity is shown in Figure 2. Of the total homicides, 1,153 (81.6%) were male victims and 260 (18.4%) were female. The overall ratio of male-to-female homicides is 4.4. The male-to-female homicide ratio varies considerably by race/ethnicity. For Hispanic homicide victims the male-to-female ratio is 10.9 compared to 3.9 for black homicide victims and 2.6 for white homicide victims.

The distribution of homicides by age and race/ethnicity of the victims is given in Table 1. For all race/ethnic groups the frequency of homicide rises to a peak in the age class 15 to 24 years. Table 1 shows that the age distribution of Hispanic homicides is younger than that of blacks or whites. The median age for Hispanic homicides (26.7 years) is more than two years less than that for blacks (29.1 years) or whites (29.2 years). Among Hispanics, three-fourths of all homicides occurred to persons between the ages of 15 to 34 years, while only somewhat more than one-half of homicides to blacks and whites were in the 15- to 34-year-old age range.

Based on Houston death certificate information for the years 1984 through 1986, homicide accounted for 2% of all deaths among whites, 6% among blacks, and 13% among Hispanics. Table 2 estimates the risk of homicide by age and ethnicity based on PMR's using the white population as the referent group. It can be observed in Table 2 that the PMR's by age for black and Hispanic males are roughly parallel but are markedly elevated for Hispanic males in the ten-year age groups starting at age 15 and ending at age 44. Within this age range, and possibly extending to age 54, Hispanic males are 3 to 4 times more likely to be homicide victims than white males. Further, Table 2 suggests that the relative risk of homicides among Hispanic males exceeds that experienced by black males in the age range 15 to 54. The increased relative risk for Hispanic females is confined to the age range 15 to 34, where the greatest relative risk (4.19) is seen among Hispanic females aged 25 to 34. Surprisingly, no homicide deaths were reported to have occurred to Hispanic females 45 years of age or older.

Characteristics of Homicide

Table 3 gives the number and percent of homicides by location of occurrence of the homicides, sex of the victim, and race/ethnicity of the victim. Overall, 44% of all homicides were reported by the Houston Police Department to have occurred in a residence and 29% in the street. Table 3 also shows that 61% of female homicides occurred in a residence versus 41% of male homicides. The street (42%) was the most common site of homicide for Hispanic males and the second most common site (26%) for Hispanic females. About one-fourth of Hispanic males were killed in a

residence as compared to approximately one-half of black males or white males. A lounge or club was the third leading site (13%) of homicide for both Hispanic males and females.

Table 4 gives the number and percent of homicides by weapon, sex of the victim, and race/ethnicity of the victim. Firearms were used in 66% of all homicides. In 86% of cases involving a firearm, a handgun was the weapon of choice. Across all race and sex groupings, handguns and cutting instruments were the most common weapons. Males were killed by firearms in 71% of the homicides and females were killed by firearms in 51% of the homicides.

Table 5 gives the number and percent of homicides by motive/circumstance, sex of the victim, and race/ethnicity of the victim. Overall, 56% of all homicides were precipitated by an argument, and arguments constituted the leading circumstance of homicide across all race and sex groups. Arguments were a greater reported precipitating factor among Hispanics (64%) and blacks (60%) than whites (36%), reflecting that whites were more likely to be victims of a felony-related homicide than blacks or Hispanics. Justifiable homicide was reported in 45 cases all of whom were male, and accidents were reported to have been the circumstance of 43 homicides (36 male and 7 female).

Table 6 gives the number and percent of homicides by the relationship of the victim to assailant, sex of the victim, and the race/ethnicity of the victim. In 59% of all homicide cases, the victim knew the assailant. Hispanic males (29%) were about as likely as white males (34%) to be killed by a stranger and as in the case of white victims, least likely to be killed by a spouse, other family member, or intimate acquaintance. In contrast, nearly one-half of all homicides of Hispanic females were attributed to a spouse, other family member or intimate acquaintance. Across all race/ethnic groups about one-third of all female homicides were committed by a spouse or intimate acquaintance.

DISCUSSION

The overall patterns and characteristics of homicide in Houston for the years 1984 through 1986 do not differ greatly from those reported from other large metropolitan areas or from the nation as a whole. The Houston data show, as does national data, that arguments were the most common circumstance of homicides, that firearms, particularly handguns, were the most common weapon of homicide, that half of the homicides occurred in a residence, and that most of the victims knew their assailants.

Owing to its young population, ethnic diversity, and other factors, homicide was the fifth leading cause of death in Houston in 1985 (6). When the frequency of homicide was examined by age and race/ethnicity for the years 1984 through 1986, marked differentials in the risk of homicide were apparent. Analysis by proportional mortality ratios suggested that the risk of homicide for Hispanic males aged 15 to 34 years was three to four times greater than for whites and slightly in excess of the risk for blacks in comparable age groups. The relative risk of Hispanic homicide observed in Houston is compatible with the relative risks of Hispanic male homicide

reported in the 1970-1979 Los Angeles Homicide Study where the average relative risk for Hispanics aged 15 to 34 was 4.5 compared to Anglos (2).

The unexpected findings that homicide among Hispanic females is concentrated in the age groups 15 to 34 and that lower-than-expected homicide mortality was found among both male and female blacks are not shared with the Los Angeles findings. However, it must be kept in mind that the present study is based on PMR's while the Los Angeles findings are based on population ratios of homicide incidence. If the Houston PMR's are taken as reasonably accurate estimators of the race/ethnic relative risks of homicide then it is possible that the low risk for blacks in Houston is the result of a secular decline in black homicide mortality and a constant or increasing rate of homicide in the white Hispanic and white non-Hispanic populations. Only future population-based research studies will be able to answer this question unequivocally.

The situational and interpersonal characteristics that underpin Hispanic homicide in Houston closely resemble those reported in the Los Angeles study. The street was the most common site for homicide among Hispanic males and Hispanic males were more than three times as likely to become victims in a lounge/club homicide than black or white males. The Houston Police Department recognizes homicide and non-lethal violence in bars and lounges as a serious problem in the Hispanic community and has formed "cantina squads," teams of Hispanic police officers who regularly patrol and sometimes "raid" selected bars in an attempt to prevent or reduce violence.

In contrast to the Los Angeles study which noted that 28% of Hispanic male homicides in the ages 15 to 24 were the result of gang-related violence, gang-related homicide is considered nil by the Houston Police Department. The point is moot since gang-related violence is not recorded as a motive or circumstance in current Houston Police Department homicide surveillance.

The types of weapons used for homicide present an interesting contrast between Los Angeles and Houston. In the years 1970-1979 for Los Angeles, handguns accounted for 45% of homicides to Hispanic males and cutting instruments accounted for 31% of homicides to Hispanic males (2). In Houston for the years 1984 through 1986 the comparable figures were 66% and 21%, respectively. The differences in weapon choice between areas most likely reflects the prevalence of handguns in the two populations.

An issue that has received little attention in the homicide literature is whether immigrant status is a risk factor in Hispanic homicide. As a crude indicator of the role of immigrant status in Hispanic homicide, death certificate tallies from 1980 through 1985 show that approximately 60% of all Hispanic homicide victims were foreign-born. The Houston Police Department speculates that most Hispanic victims are recent immigrants and that in 1984 at least one-quarter of the Hispanic homicide victims were illegal aliens. If immigration status is in fact a homicide risk factor, this could explain the high (10.9) male-to-female Hispanic homicide ratio. This ratio may be simply an indicator of the large number of undocumented single males with a de jure residence in Houston. Since migration into Houston and other gateway cities from Mexico and Central America will likely continue into the

foreseeable future, it will be important that future research evaluate the role immigration status plays as a risk factor in homicide and the specific role immigration plays in public health.

The data presented in this report were derived from official death certificates and homicide reports filed by law enforcement officers. The consistency and accuracy of these two systems presented noteworthy problems. Although both systems reported on the same homicides during the same time periods their counts differed by about 5% and no common simple identifier was available for record-matching of the systems by computer. Each system uses its own conventions for homicide classification and local customs for reporting. Neither the vital statistics system nor police system has the independent capability of developing a population-based epidemiological profile of homicide. The need for a uniform local reporting system for homicides is evident. Rational plans for dealing with homicide prevention cannot be made nationally, regionally, or locally unless uniform information is available about the level of risk in different populations. We believe there is a pressing need for law enforcement and health authorities to consolidate their homicide information systems in order to establish a single homicide surveillance system that measures in precise and uniform ways the population-based etiology of homicide. Otherwise each shall see only part of the problem of homicide but neither the whole of it.

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FIGURE 1
HOMICIDES BY RACE/ETHNICITY
HOUSTON, TEXAS 1984-86

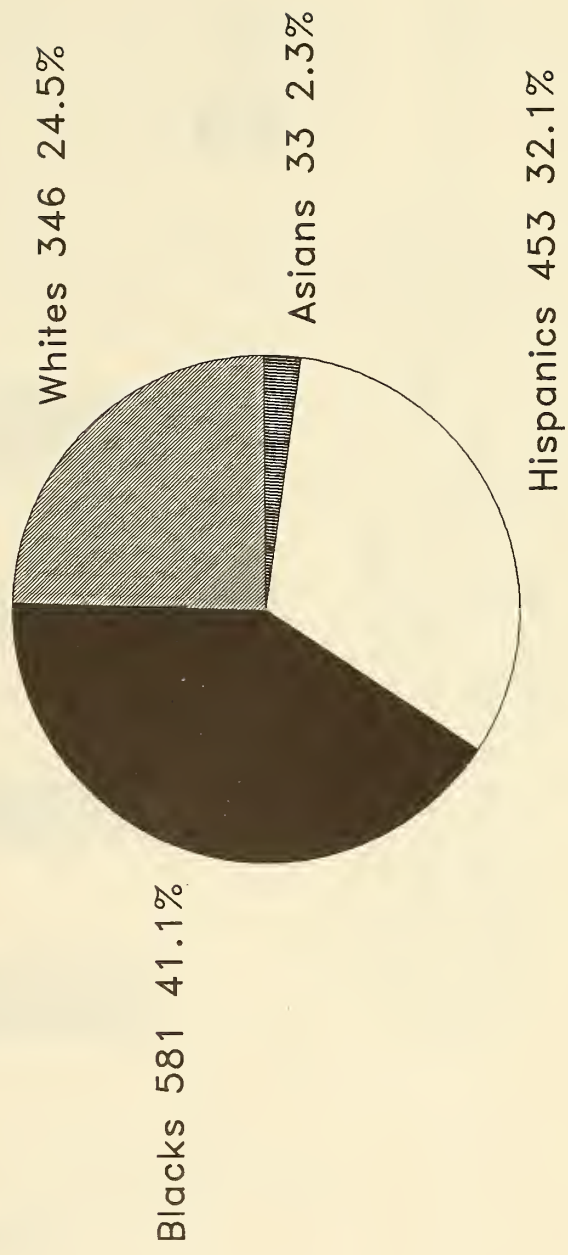


FIGURE 2
 PERCENTAGE OF HOMICIDES
 BY RACE/ETHNICITY AND SEX
 HOUSTON, TEXAS 1984-86

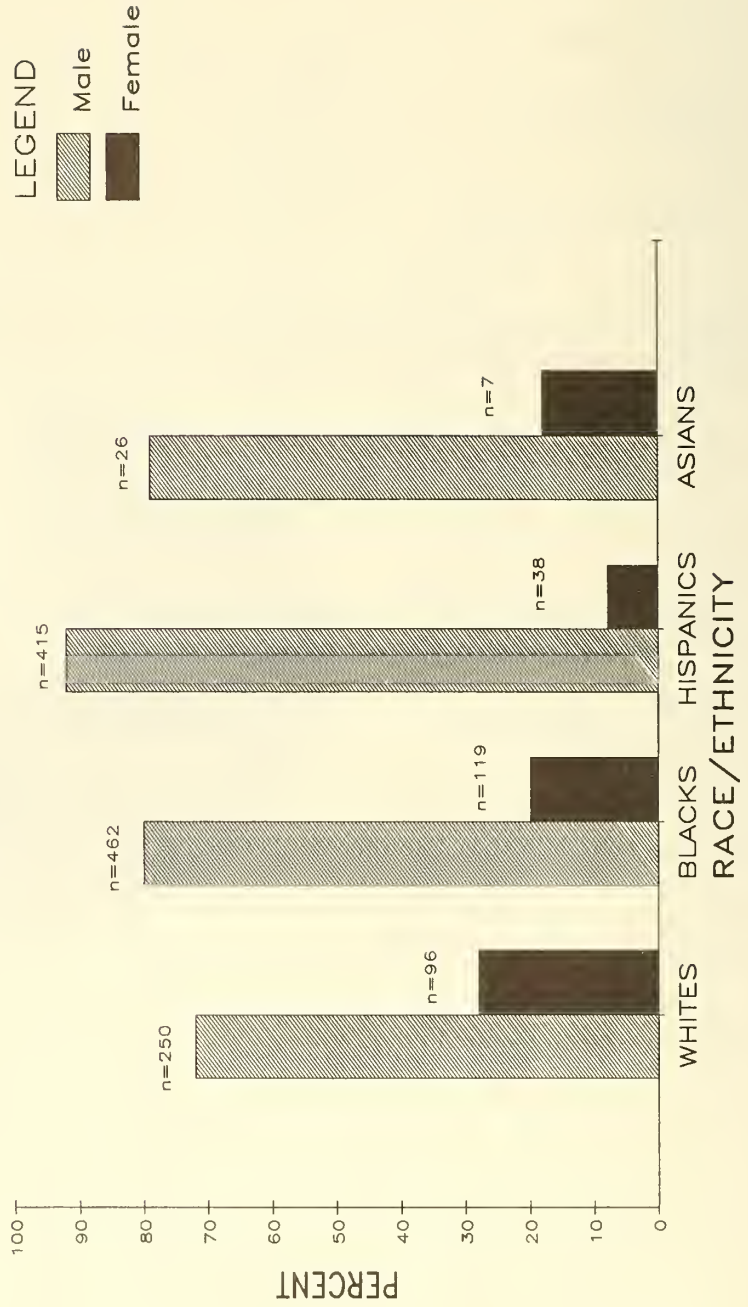


Table 1

Number and Percentage of Homicides by Race/Ethnicity
and Age of Victim, Houston, Texas 1984-86

Age Group	White No. %	Black No. %	Hispanic No. %	Total No. %
<15	14 4	22 4	8 2	44 3
15-24	77 23	124 22	145 34	346 26
25-34	93 28	197 34	174 41	464 35
35-44	65 19	98 17	68 16	231 17
45-54	46 14	69 12	22 5	137 10
55-64	27 8	33 6	5 1	65 5
65+	16 5	30 5	2 0	48 4
Totals	338 100	573 100	424 100	1335 100
Median Age	29.2 yrs.	29.1 yrs.	26.7 yrs.	

Note: The data exclude 49 victims for whom age was unknown.

Table 2

Proportional Mortality Ratios for Black vs. White and Hispanic vs. White Homicide by Age, Sex and Race/Ethnicity, Houston, Texas 1984 - 1986

Age Group	Race/Ethnicity	
	Black/White	Hispanic/White
Males		
0-14	0.88	0.74
15-24	3.07	3.21
25-34	2.34	2.90
35-44	2.54	3.93
45-54	2.08	2.60
55-64	1.89	1.06
65+	5.59	2.03
Females		
0-14	1.49	0.64
15-24	1.68	2.30
25-34	3.62	4.21
35-44	1.15	1.81
45-54	1.33	0.00
55-64	1.92	0.00
65+	2.55	0.00

Table 3

Number and Percentage of Homicides by Location of Occurrence,
Sex, and Race/Ethnicity, Houston, Texas 1984-86

Location	Race/Ethnicity							
	White		Black		Hispanic		Total	
	No.	%	No.	%	No.	%	No.	%
Males								
Residence of Victim	91	36	159	34	88	21	338	30
Residence, Other	30	12	62	13	31	7	123	11
Business	30	12	15	3	17	4	62	6
Lounge/Club	8	3	28	6	52	13	88	8
Outdoors	16	6	13	3	17	4	46	4
Street	53	21	147	32	176	42	376	33
Other	22	9	38	8	34	8	94	8
Females								
Residence of Victim	56	58	64	54	17	45	137	54
Residence, Other	8	8	9	8	1	3	18	7
Business	8	8	4	3	2	5	14	6
Lounge/Club	3	3	2	2	5	13	10	4
Outdoors	12	13	12	10	2	5	26	10
Street	4	4	14	12	10	26	28	11
Other	5	5	14	12	1	3	20	8

Table 4

Number and Percentage of Homicides by Weapon/Method Used,
Sex, and Race/Ethnicity, Houston, Texas 1984-86

Weapon/ Method	Race/Ethnicity							
	White		Black		Hispanic		Total	
	No.	%	No.	%	No.	%	No.	%
Males								
Club/Bludgeon	19	8	15	3	9	2	43	4
Handgun	129	52	279	60	274	66	682	61
Longgun	25	10	61	13	22	5	108	10
Knife/Cutting Inst.	63	25	84	18	88	21	235	21
Strangulation	1	0	4	1	5	1	10	1
Other	10	4	17	4	15	4	42	4
Not Determined	3	1	2	0	2	0	7	1
Females								
Club/Bludgeon	13	14	8	7	1	3	22	9
Handgun	36	38	52	44	22	58	110	43
Longgun	7	7	13	11	1	3	21	8
Knife/Cutting Inst.	16	17	21	18	11	29	48	19
Strangulation	5	5	11	9	0	0	16	6
Other	13	14	11	9	3	8	27	11
Not Determined	6	6	3	3	0	0	9	4

Table 5

Number and Percentage of Homicides by Motive/Circumstance,
Sex, and Race/Ethnicity, Houston, Texas 1984-86

Motive/ Circumstance	Race/Ethnicity							
	White		Black		Hispanic		Total	
	No.	%	No.	%	No.	%	No.	%
Males								
Argument	95	38	289	63	263	63	647	57
Accident	6	2	17	4	13	3	36	3
Child Abuse	2	1	7	2	3	1	12	1
Crime-Related	69	28	40	9	35	8	144	13
Sexual Assault	2	1	1	0	0	0	3	0
Justifiable Hom.	9	4	25	5	11	3	45	4
Other	18	7	25	5	17	4	60	5
Not Determined	49	20	58	13	73	18	180	16
Females								
Argument	31	32	62	52	26	68	119	47
Accident	3	3	2	2	2	5	7	3
Child Abuse	2	2	3	3	1	3	6	2
Crime-Related	16	17	10	8	2	5	28	11
Sexual Assault	5	5	7	6	1	3	13	5
Justifiable Hom.	0	0	0	0	0	0	0	0
Other	10	10	9	8	3	8	22	9
Not Determined	29	30	26	22	3	8	58	23

Table 6

Number and Percentage of Homicides by Relationship of Victim to Assailant, Sex, and Race/Ethnicity, Houston, Texas 1984-86

Relationship	Race/Ethnicity							
	White		Black		Hispanic		Total	
	No.	%	No.	%	No.	%	No.	%
Males								
Spouse	14	6	35	8	8	2	57	5
Other Family	13	5	53	11	24	6	90	8
Intimate Acquaintance	8	3	19	4	3	1	30	3
Friend/Acquaintance	77	31	215	47	184	44	476	42
Stranger	86	34	76	16	120	29	282	25
Not Determined	52	21	64	14	76	18	192	17
Females								
Spouse	21	22	29	24	7	18	57	23
Other Family	12	13	14	12	4	11	30	12
Intimate Acquaintance	8	8	13	11	7	18	28	11
Friend/Acquaintance	12	13	23	19	10	26	45	18
Stranger	16	17	10	8	5	13	31	12
Not Determined	27	28	30	25	5	13	62	25

A HISPANIC HOMICIDE RISK MODEL FOR BORDER AREAS

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ABSTRACT

Using data from the Uniform Crime Reports and the Bureau of Vital Statistics (Texas Department of Health), ethnicity, sex, victim-offender relationship, offender characteristics, place of birth, and proximity to the border were investigated in Texas homicides for 1986. Factors associated with higher risk for Hispanic homicide deaths include being born in Mexico, being young and male, and participating in an altercation with persons under the influence of alcohol. The risk of homicide for Hispanic victims is greatest from strangers and acquaintances and least from family members. Proximity to the U.S./Mexico border appeared to be inversely related to homicide risk, especially for Hispanics. Problems of assessing rates of violence in border areas are discussed.

INTRODUCTION

Hispanic and U.S./Mexico border issues are of intense interest among planners who have responsibilities for estimating risk for various social problems in the Southwest region of the United States. Demographic, economic, cultural, and family characteristics of Hispanic Texans and Mexican citizens in border areas are of growing importance in estimating future trends and needs related to governmental programs including health, education, and criminal justice programs in Texas.

Substance abuse patterns are affected by cultural patterns. Some of the data reported in this paper suggest that a better understanding of the dynamics of Hispanic cultural and family patterns in border areas may help to explain the association between alcohol use and violence by Hispanic males.

Data related to violence and substance abuse are problematic in border counties. It is assumed that some of the potentially measured events (deaths, arrests) occur in Mexico and that such indicators are thereby undercounted for the population that spends a portion of its times across the border. The reverse is also possible: some deaths and arrests of Mexican residents occur on the U.S. side thus reducing the deaths or arrests that might otherwise occur in Mexico. There is no way to ascertain whether this represents a balance or a disproportionate number on one side of the border or the other. Birthplace information is available on death certificates but is not available on arrest records. As is illustrated in Figure 1, Hispanic issues and border issues are inextricable in Texas where border proximity is the best predictor of the percentage of Hispanic population.

For the analyses described in this report, homicide data on offenders and victims in Texas were obtained from the Supplemental Homicide Report on the FBI's Uniform Crime Reporting Program. Death certificate data tapes were obtained from the Texas Department of Health, Bureau of Vital Statistics.

Rates

When examined in terms of sex, male homicides occur at much higher rates than female homicides. This holds true across racial and ethnic categories as is seen in Figure 2. Homicides of black victims occur at higher rates than Hispanics, and Hispanics at higher rates than whites. The one exception is for white females aged 40-49 and over age 60. The rates for these age groups are somewhat higher than for Hispanic females in those groups. The most striking feature of homicide rates is the high incidence among young black and Hispanic males (Table 1 and Figure 2).

Place of Birth

The place of birth was Mexico for 12.32% of homicide victims in 1986 (Table 2). Only 59% of homicide victims killed in Texas were born in Texas.

Victims who were born in Mexico accounted for a substantial proportion of total Hispanic homicide deaths (Table 3). Over 41% of Hispanic male

victims and 21% of Hispanic female victims were born in Mexico. The age groups in which this finding is most evident is for males in their 20s and in their 50s.

Proximity to the Border

Although the border area has a high proportion of Hispanics, this area seems to be of moderate risk for Hispanic homicides compared to the rest of the state away from the border. This is evident when comparing Figure 3 to Figure 1. Hispanic homicide rates in border counties are higher than those for black victims and white victims there. However, the homicide rates for Hispanics of all age groups in border counties is less than half that of Hispanics in non-border counties (Table 4). It should be noted that in the border counties, the homicide rate for the total population is lower than for non-border counties. The reason for greater apparent risk for homicides away from the border may be related to increased isolation from family and cultural support for Hispanic males whose significant others are in Mexico or in Texas border counties. The reduced risk in border areas should be of interest for investigators who wish to develop a better understanding of how cultural and family influences may prevent the incidence of violence.

Relationship of Offender to Victim

Supplementary Homicide Reports were aggregated for an analysis of the 15,818 homicides reported during 1980-1986. As shown in Table 5, these data revealed that Hispanic victims were more likely to be killed by acquaintances or strangers than by family members (12%). This percentage was substantially less than that for black victims or white victims (21% each). The importance of this finding is reduced by the large percent of homicides in which the relationship of offender to victim was unknown, 26% overall.

As reported in Table 6, the percent of Hispanic victims killed by Hispanics (65%) was intermediate between that of blacks (76%) and whites (57%). However, looked at from the perspective of the offender, approximately 84% killed persons of their own race with very little variation between Hispanic, black, and white groups. This disparity of percentages between victims and offenders can be partially explained by the tendency of whites to be the second most likely target of non-white offenders, and for Hispanics to be the second most likely target of white offenders. Again, the unknowns reduce the confidence in these results. Almost a quarter of the offenders were of unknown ethnicity.

Offender Circumstances

The circumstances in which the homicide occurred were examined in relation to ethnicity. The most striking finding in this analysis was the large proportion of Hispanic homicides due to brawls involving alcohol. Over 50% of the victims killed in this category of circumstance were Hispanic. This accounted for 14% of all Hispanic homicides. The only larger percentage category of homicide circumstances for Hispanics was the catch-all circumstance of "other argument" (41%). When grouped into ten

categories of circumstances and cross-classified by ethnicity, the chi-square test for independence of strata was highly significant (Table 7). Furthermore, the cell for Hispanic homicides involving alcohol brawls contributed more to the total chi-square than any other cell (16% of the total), and the frequency was 62% greater than expected. Ethnic categories other than Hispanic, Anglo, or Black were combined with unknowns into an "unspecified" category for the purposes of this analysis.

Several recent studies have supported the existence of a relationship between alcohol consumption and violent crimes (1-3). However, the research need suggested by the present analysis is to examine what additional interaction effect may be added to the relationship between alcohol and violence by being Hispanic, being born in Mexico, and also by residing at a substantial distance from the border (distance from extended family ties).

SUMMARY

The analysis suggested that factors associated with higher risk for Hispanic homicide deaths include being born in Mexico, being young and male, and being in an altercation with persons under the influence of alcohol. The risk of homicide for Hispanic victims is greatest from strangers and acquaintances, and least from family members. Hispanic male victims and offenders are overrepresented in homicides, and many more Hispanics than expected are killed in "brawls due to alcohol." Proximity of the U.S./Mexico border appeared to have an inverse relationship to risk for homicides in general and Hispanic homicides in particular.

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Figure 1

POPULATION ESTIMATES FOR TEXAS COUNTIES

PERCENT HISPANIC POPULATION - 1986



PERCENT • HISPANIC

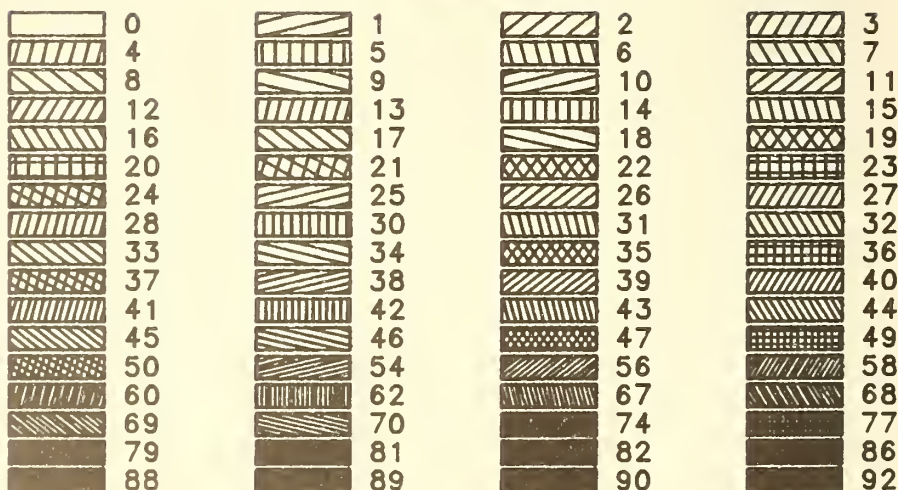
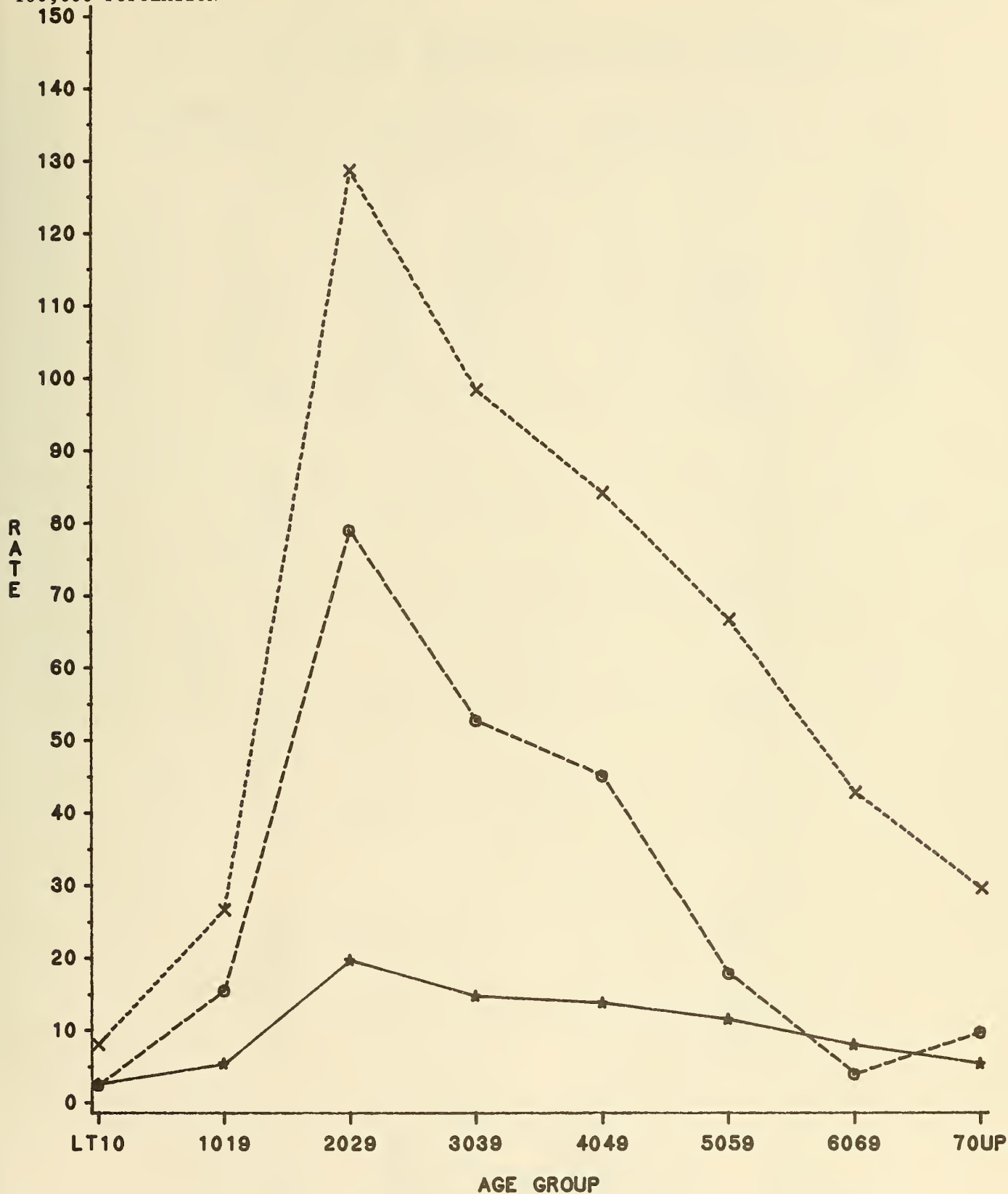


Figure 2

1986 MALE HOMICIDE RATES IN TEXAS **PER 100,000 POPULATION, BY AGE GROUP**

HOMICIDES PER
100,000 POPULATION



DEATH CERTIFICATE DATA
 ▲ = WHITE MALE X = BLACK MALE □ = HISPANIC MALE

Table 1

Homicide Death Rates per 100,000 Population Texas Residents, 1986

Age	White		Black		Hispanic	
	Female	Male	Female	Male	Female	Male
0-10	2.2	2.6	6.0	8.0	1.6	2.5
10-19	2.8	5.4	8.2	26.7	2.8	15.6
20-29	7.9	19.6	25.9	128.5	13.4	78.9
30-39	4.0	14.6	21.2	98.2	9.5	52.7
40-49	4.3	13.7	13.9	84.0	3.4	45.0
50-59	3.8	11.4	9.6	66.5	6.0	17.8
60-69	3.7	7.9	9.8	42.8	0.0	3.9
70+	4.8	5.3	12.5	29.6	3.0	9.7

Table 2

Death Certificate Data on Homicide Victims - Homicide Deaths of Texas Residents in 1986

Birthplace	Race-Sex										Total	Percent
	White		Black		Other		Hispanic					
	Male	Female	Male	Female	Male	Female	Male	Female				
Texas	323	139	444	109	1	0	288	60	1364	58.9%		
Other State	234	84	113	30	0	0	26	13	500	21.6%		
Mexico	11	2	0	0	0	0	250	22	285	12.3%		
Cuba	1	0	2	0	0	0	7	1	11	.5%		
Other Country	11	6	5	0	26	7	2	0	57	2.5%		
Other Western Hemisphere	8	3	10	0	0	0	26	9	56	2.4%		
Unknown	14	9	7	2	0	0	9	0	41	1.8%		
Total	602 26.0%	243 10.5%	581 25.1%	141 6.1%	27 1.2%	7 0.3%	608 26.3%	105 4.5%	2314	100.0%		

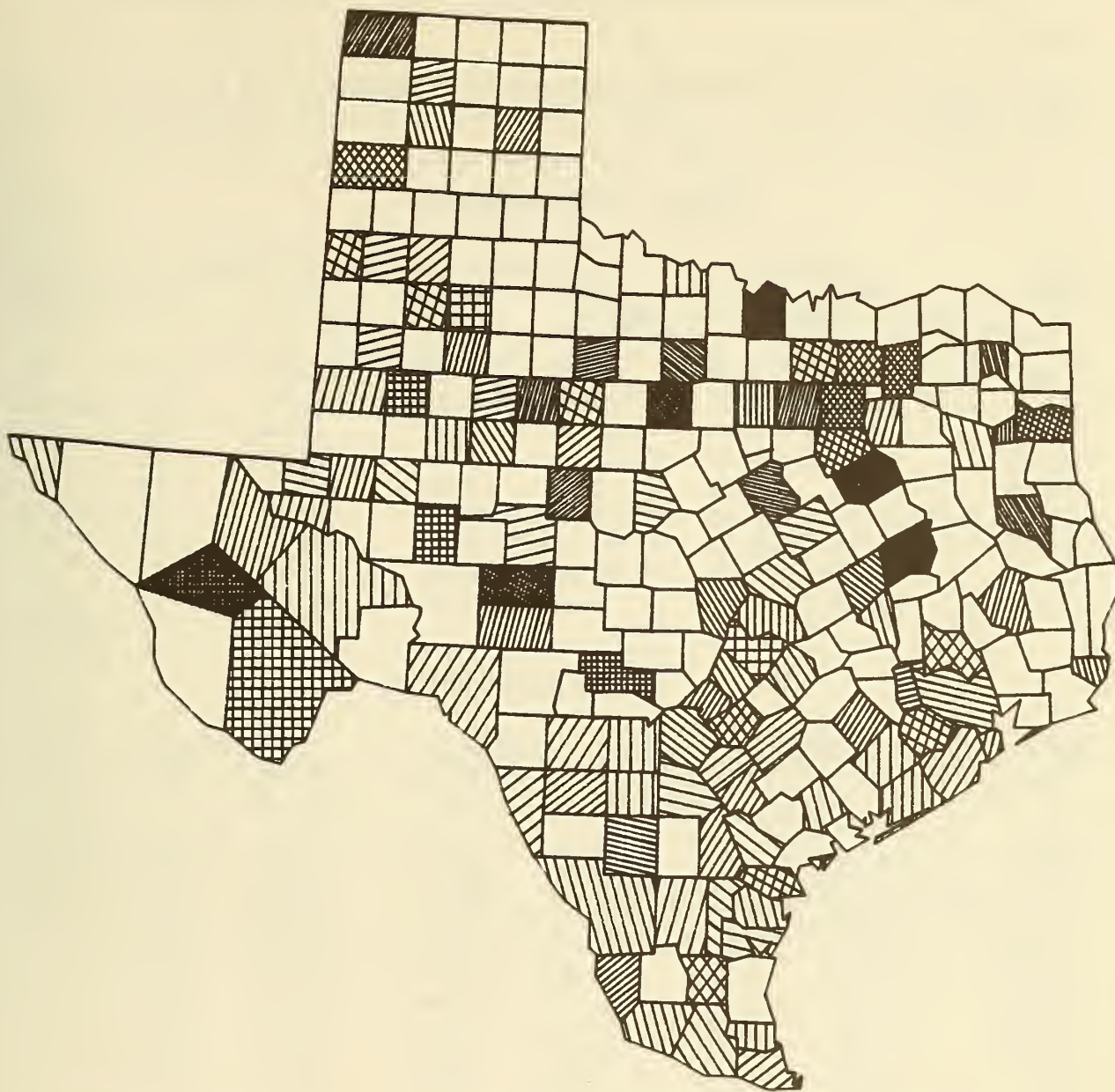
Table 3

Hispanic Deaths Due to Homicide, Texas Residents, 1986

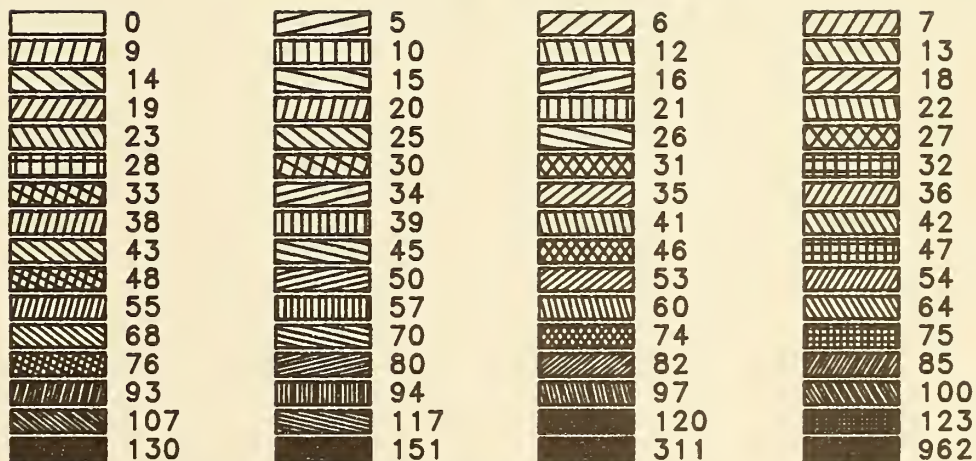
Age	Hispanic Males			Hispanic Females		
	Total	Born in Mexico		Total	Born in Mexico	
	N	N	%	N	N	%
Total	608	250	41.1	105	22	20.9
0-10	11	1	9.1	7	0	0.0
10-19	59	17	28.8	10	3	30.0
20-29	271	132	48.7	46	8	17.4
30-39	161	62	38.5	27	8	29.6
40-49	79	23	29.1	6	2	33.3
50-59	19	11	57.9	7	0	0.0
60-69	3	1	33.3	0	0	0.0
70+	5	3	60.0	2	1	50.0

Figure 3

AVERAGED 1985-86 HISPANIC MALE HOMICIDE RATES PER 100,000 POPULATION



SMHOMR



TCADA PLANNING DATABASE
DATA SOURCE: TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Table 4

Homicide Death Rates per 100,000 Population by Ethnicity and Sex,
Texas, 1986

BORDER COUNTIES						
Age Group	White		Black		Hispanic	
	Male	Female	Male	Female	Male	Female
Total	8.56	4.23	14.70	0.00	17.20	2.83
<10	9.62	0.00	49.80	0.00	0.75	0.00
10-19	3.25	0.00	37.76	0.00	9.19	2.60
20-29	10.73	10.73	0.00	0.00	43.34	3.61
30-39	3.52	6.48	0.00	0.00	34.49	9.48
40-49	17.06	3.97	0.00	0.00	21.61	1.76
50-59	20.80	9.22	0.00	0.00	14.70	0.00
60-69	5.15	4.33	0.00	0.00	0.00	0.00
70+	0.00	0.00	0.00	0.00	10.84	4.16
NON-BORDER COUNTIES						
Age Group	White		Black		Hispanic	
	Male	Female	Male	Female	Male	Female
Total	10.67	3.83	62.07	13.48	38.57	6.88
<10	2.34	2.32	7.59	6.05	3.23	2.34
10-19	5.46	2.89	26.50	8.28	18.55	2.86
20-29	19.92	7.81	132.01	26.63	90.26	16.52
30-39	14.98	3.88	99.50	21.47	59.26	9.48
40-49	13.64	4.27	84.97	14.04	54.63	4.25
50-59	11.07	3.55	67.30	9.64	19.30	9.34
60-69	8.04	3.71	43.05	9.83	6.05	0.00
70+	0.00	0.00	0.00	0.00	9.11	2.41

Table 5

Victim-Offender Relationship by Victim Race/Ethnicity,
Texas Supplementary Homicide Reports, 1980-1986

VICTIM		RELATIONSHIP OF OFFENDER				
Frequency						
ROW PCT						
COL PCT	Acquaintance	Family	Stranger	Unknown	Total	
Black	2111 44.77 34.51	1008 21.38 35.05	678 14.38 25.24	918 19.47 22.18	4715 29.8%	
Hispanic	2027 40.71 33.14	605 12.15 21.04	939 18.86 34.96	1408 28.28 34.02	4979 31.5%	
Unknown	167 28.40 2.73	99 16.84 3.44	97 16.50 3.61	225 38.27 5.44	588 3.7%	
White	1812 32.73 29.62	1164 21.03 40.47	972 17.56 36.19	1588 28.68 38.37	5536 35.0%	
Total	6117 38.7%	2876 18.2%	2686 17.0%	4139 26.2%	15818 100.0%	

Table 6

Offender by Victim Race/Ethnicity, Texas Supplementary Homicide Reports, 1980-1986

OFFENDER		VICTIM				
Frequency ROW PCT COL PCT		Black	Hispanic	Unknown	White	Total
Black		3576 84.04 75.84	194 4.56 3.90	30 0.71 5.10	455 10.69 8.22	4255 26.9%
Hispanic		123 3.22 2.61	3251 85.13 65.29	32 0.84 5.44	413 10.81 7.46	3819 24.1%
Unknown		760 19.31 16.12	1191 30.27 23.92	499 12.68 84.86	1485 37.74 26.82	3935 24.9%
White		256 6.72 5.43	343 9.00 6.89	27 0.71 4.59	3183 83.57 57.50	3809 24.1%
Total		4715 29.8%	4979 31.5%	588 3.7%	5536 35.0%	15818 100.0%

Table 7

Race/Ethnicity of Victim by Circumstances of Homicide, Texas, 1980-1986

Frequency Expected Cell Chi ²	Argument Other	Undeter- mined	Felony Involved	Oth Non- Felony	Brawl Alcohol	Argument Money	Justifi- able Hom	Neglight Circum	Lover Triangle	Brawl Narcotic	Total
Anglo	1417 1765.0 68.60	1074 1011.4 3.87	1229 877.8 140.56	904 818.3 8.99	350 480.5 35.45	139 178.5 8.74	156 163.1 0.31	136 98.3 14.42	87 91.3 0.21	44 51.8 1.17	5536
Hispanic	1537 1587.4 1.60	1022 909.7 13.87	549 789.4 73.23	757 735.9 0.60	699 432.2 164.74	116 160.5 12.35	109 146.7 9.68	84 88.4 0.22	67 82.2 2.80	39 46.6 1.24	4979
Black	1959 1503.2 138.20	623 861.4 66.00	627 747.6 19.45	568 696.9 23.84	299 409.3 29.71	245 152.0 56.87	190 138.9 18.80	43 83.8 19.83	99 77.8 5.78	62 44.1 7.25	4715
Unsp	130 187.5 17.61	171 107.4 37.62	103 93.2 1.02	109 86.9 5.61	25 51.0 13.28	10 19.0 4.23	11 17.3 2.31	18 10.4 5.46	8 9.7 0.30	3 5.5 1.14	588
Total	5043 31.9%	2890 18.3%	2508 15.9%	2338 14.8%	1373 8.7%	510 3.2%	466 2.9%	281 1.8%	261 1.6%	148 0.9%	15818 100.0%

Statistic

DF Value Prob

Chi-Square	27	1036.955	0.000
Likelihood Ratio Chi-Square	27	1005.941	0.000
Mantel-Haenszel Chi-Square	1	17.054	0.000

GRIEF REACTIONS TO HOMICIDE IN HISPANIC FAMILIES

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ABSTRACT

Despite the large body of literature on grief, there is a paucity of studies addressing grief following homicide. In addition, few studies have addressed cultural influences in the bereavement experience within the United States. The present paper derives from a larger study of 201 death survivors which compared grief reactions across modes of death (natural, accident, suicide, and homicide) in three ethnic groups (White, Black, and Hispanic Americans). Results from mode of death comparisons suggest that homicide survivors, followed closely by accident survivors, may experience more intense grief reactions than natural death and suicide survivors. Ethnic group comparisons without mode of death considered did not yield significant differences on grief, social support, or health measures. However, comparisons within homicide survivors across ethnic groups yield various differences. Hispanic homicide survivors report significantly more psychological symptoms before the death than Whites and Blacks. In addition, they appear to be more socially isolated both before and after the death, being, in particular, less likely to talk to anyone about their personal feelings about the death. Implications for interventions are presented.

INTRODUCTION

Despite numerous studies on grief, little attention has been paid to differences in bereavement across modes of death (natural, accident, suicide, homicide). In particular, there is a paucity in the literature addressing grief following homicide. To date, no comparative empirical studies of bereavement following the four modes of death have been conducted. We are aware of only two recent studies (1,2) addressing bereavement after homicide, yet this type of research would be quite timely. Violent deaths are the leading cause of death in people between the ages of 1 to 39 and the third leading cause of death for people of all ages in the United States (3). In 1980, homicide was the eleventh leading cause of death in the United States (4). Minority groups are clearly at greater risk. As of 1981 in the United States, the lifetime chance of being a homicide victim is about 1 in 240 for Whites; however, it is 1 in 47 for Blacks and other minorities (5).

In a study of homicide in the City of Los Angeles (6), we found that, while Blacks have the highest rates, the Hispanic homicide rate showed the most dramatic increase during the decade 1970-1979. This rate increased 166.7% from 11.1 in 1970 to 29.6 in 1979.

Rynearson (2) has suggested that grief following homicide reveals unique cognitive, behavioral, and affective reactions, such as fear of anticipated violence, anger directed toward the murderer, and a strong desire for retribution. Other studies have suggested that sudden and unexpected deaths lead to more intense and prolonged bereavement (7,8) and increased psychiatric morbidity (9).

Another aspect which has received scant attention in our own ethnically diverse country is the cultural influence in the bereavement experience. With regard to Hispanics, the relevant studies that exist have dealt with attitudes toward death rather than with bereavement. In a comprehensive survey of death attitudes in Anglo, Black, Mexican, and Japanese Americans, Kalish and Reynolds (10) found that Mexican-Americans not only had more pervasive feelings concerning death and dying than the other groups but also had stronger emotional responses to the death of others. Kalish and Reynolds conclude: "The image we came away with is that Mexican-Americans tackle death and dying head on, while Anglo Americans try delicately to keep it at arm's length" (p.182).

Moore (11) agrees with the Kalish and Reynolds assessment and notes that the Mexicans and Mexican-Americans appear to have a more emotional reaction in wakes and funerals, readily allow children to participate in the wake, funeral, and burial, and are more likely to touch and kiss the body. She reports that there appears to be a strong reintegrative effort directed toward the griever. For example, the wake moves to the home for talking, eating, drinking, and much reminiscing. Mourning appears to extend for weeks with "novenas" for the deceased, frequent grave visits, and "paying respects" at home and church.

Several investigators (10-12) have pointed to the salience of death in Mexican-Americans, citing the prevalence of death-related sayings in the Spanish language (e.g., "Que triste seria la vida si no existiera la

muerte" -- How sad life would be if there were no death), the preoccupation with death symbols in Mexican art (e.g., the works of Posada, Sisqueros, and Orozco) and Mexican literature (e.g., the works of Paz and Ramos), and the circumscribed practices in certain parts of Mexico during the "Dias de los Muertos" which coincide with the Catholic holy days of All Souls' Day and All Saints' Day.

The only writer to oppose this view of the Mexican-American is Markides (13). He concludes that the opposite may be true -- that many Mexican-Americans may have difficulty in dealing with death.

Any study of death in Hispanic culture is heavily influenced by the power and intensity of influential Hispanic writer/philosophers like Octavio Paz (14). To illustrate this point, we present the following quote from Octavio Paz.

The Mexicans' vision of death, which is also the hope of resurrection, is as profoundly steeped in Catholic eschatology as in Indian naturalism. The Mexican death is of the body, exactly the opposite of the American death, which is abstract and disembodied. For the Mexican, death sees and touches itself: it is the body emptied of the soul, the pile of bones that somehow, as in the Aztec poem, must bloom again. For the American, death is what is not seen: absence, the disappearance of the person. In the Puritan consciousness, death was always present, but as a moral entity, an idea. Later on, scientism pushed death out of the American consciousness. Death melted away and became unmentionable... (pp.365-366)

The present study is part of a more comprehensive study of bereavement across the four modes of death (natural, accident, suicide, and homicide) in White, Black, and Hispanic Americans. First, the mode of death comparisons will be presented, followed by ethnic group comparisons for homicide survivors. (The term "survivor" will be used in preference to "griever.") Since the study was done in two phases, a two-tiered approach will be taken in presenting each phase.

METHODS

Subjects

Phase I. The subjects were 201 violent death and sudden natural death survivors (175 females, 26 males) who agreed to be interviewed about their bereavement. Accident, suicide, and homicide survivors were recruited through a larger study, the Typology of Violent Death Project, conducted at the UCLA Neuropsychiatric Institute. Natural death survivors were selected in the same manner with the exception that they did not participate in the larger study. Potential respondents were obtained through the Los Angeles County Medical Examiner/Coroner's Office (LACMECO). Only death victims 14 years of age or older were used as cases from which to draw potential subjects. Cases not having a potential respondent (identified as a close relative or intimate friend) were excluded from the study. A random sample

of accident, suicide, and homicide death victims of 14 years of age or older in the City of Los Angeles and the unincorporated area of East Los Angeles was drawn weekly by a project staff member. Mode-of-death determinations were taken from death certificates and represent the official outcome of the Medical Examiner's investigation.

Natural death victims were selected in the same manner with the exception that samples were drawn at approximately three-week intervals from LACMECO. Several criteria were imposed on the natural death sample. First, the decedent must have died in the course of daily routine, must not have been under the immediate care of a physician, and must not have had any contact with a health facility related to the cause of death in the recent past prior to the death. This constraint was imposed to rule out prolonged terminal illnesses or severe disabling disorders. Compliance with this criterion could be determined from coroners' records. Secondly, the decedent could not be older than 70 years of age. This constraint was imposed to reduce the likelihood that the natural-death sample would be very elderly or characterized by numerous age-related impairments which would likely have significant impact in interpersonal relationships. Finally, the cause of death could not be alcohol-related. This third constraint was imposed to avoid atypical relationships between decedent and respondent (i.e., those which may typify relationships in which one person is a chronic alcohol abuser) and to eliminate alcohol as an agent of suicide.

For all modes of death, race/ethnicity of the respondents was established by self-identification. Mulattoes and others of mixed-race ethnicity were asked to select the racial/ethnic label with which they most identified. Those who were not non-Hispanic White, Black, or Hispanic Americans were not recruited for this study. The rejection rate was approximately 55% for the natural death cases and 44% for the violent death cases for all those initially contacted. An additional limiting factor of the sampling process involved those cases in which there were no potential respondents. These were cases in which there was no next-of-kin or person signing the release for personal effects, no one could be contacted by letter or telephone, or no close survivor could be found in the Los Angeles area. The mean number of days from the death to the time of interview was 49 (range: 19-107).

Phase II. The subjects were 147 death survivors (129 females, 18 males) who successfully completed and mailed in a series of self-report questionnaires. All participants from Phase I had agreed to participate in Phase II. However, only 73% of the respondents from Phase I returned their questionnaires, i.e., participated in Phase II. The mean number of days from the death to the time the questionnaires were received at the project office was 58 (range: 25-135).

Instruments

Phase I. A grief reaction measure, a Social Support Utilization questionnaire, and a background information form were administered to the respondents. The grief reaction measure was adapted largely from a list of positive symptoms reported by Clayton and Darvish (15) in an analysis of two prior studies which compare symptom patterns of death survivors with

and without depression at one-month and one-year intervals. Various modifications were made to the list. Additional items were incorporated to reflect Stone's (16) grief questionnaire items which differentiated suicide survivors from nonsuicide survivors, the findings of Bowlby (17-19), Parkes (20,21), and Volkan (22,23) about survivors' attempts not to relinquish emotionally the lost object, and expansion of the Clayton and Darvish (15) items dealing with blame, fear, and anger so as to apply to violent death modes. The list was also converted from a "present/not present" format to a four-point Likert scale, ranging from "0-not at all" to "3-most of the time." The grief reaction scale was answered with respect to how the respondent felt during the month before the death and how the respondent had felt since the death.

The Social Support Utilization questionnaire asked the respondents to whom they typically talk about serious personal/family problems and to whom they had spoken about their personal feelings about the death. It also inquired about typical kinds of responses given by those people sought out by the survivors when talking about the death.

All questionnaires were translated into Spanish using an initial pool of translations made by several fluent Spanish speakers of differing Hispanic heritage. Consensus was used to determine the final set of translated items.

Phase II. The Social Support Questionnaire (SSQ) used in this phase consisted of two measures. The first utilized items investigated by Lin, Dean, and Ensel (24) purported to measure (a) monetary problems, (b) lack of companionship, (c) demands, (d) communication, and (e) no children. The second was the Berkman Social Network Index (SNI) (25) which includes items on (a) marital status, (b) friends and relatives, (c) church membership and participation, and (d) group membership. The SSQ was designed to be answered in two ways: (a) how the respondent felt during the month before the death and (b) how the respondent had been feeling since the death.

The grief measure used in this phase was the Grief Experience Inventory (GEI) (26), a 135-item questionnaire consisting of three validity scales (Denial, Atypical Responses, and Social Desirability); nine grief scales (Despair, Anger, Guilt, Social Isolation, Loss of Control, Rumination, Depersonalization, Somatization, and Death Anxiety); and five research scales (Sleep Disturbance, Loss of Vigor, Physical Symptoms, Optimism/Despair, and Dependency).

Procedure

Phase I. In both violent and natural death cases, letters were sent to potential respondents informing them of the study, asking their cooperation, and telling them that someone would be calling soon to request their participation. In the cases in which the person listed as next-of-kin was different from the person signing the release form, a decision of whom to regard as the closest relative or friend was made on the basis of the information provided in the coroner's file as to who appeared to know the decedent the best. Letters were mailed about two weeks after a death in the case of accident, suicide, and natural death and about four weeks after homicide deaths. The delay in mailing letters to homicide survivors

was at the request of the Los Angeles Sheriff's Office and the Los Angeles Police Department. A telephone call was made by a project interviewer after delivery of the letter to request voluntary participation and to arrange an appointment for an interview (Phase I). During the telephone contact, as well as prior to obtaining written consent, all potential respondents were informed that, if they consented to participate in the bereavement study, a packet of questionnaires about their bereavement (Phase II) would be left with them, along with a stamped, addressed envelope after a face-to-face interview.

Interviews (Phase I) were conducted at the respondent's home unless the person preferred to be interviewed in the project office or at another location. All the interviewers had master's degrees in psychology or related fields and had received training in interviewing and counseling the bereaved prior to their involvement in the bereavement project. Four of the six interviewers were doctoral students in clinical psychology. Two of the interviewers were fluent in Spanish. Whenever necessary, grief counseling or crisis intervention was provided by the interviewers with supervision from the Typology of Violent Death Project's Principal Investigator (the third author). To the extent that most respondents reported that the interviewers had been helpful, it is likely that most of the interviews involved some therapeutic intervention.

RESULTS

Both the grief reaction measures of Phase I and the SSQ of Phase II were submitted to principal components analyses with varimax rotation using the entire respective sample of respondents, i.e., males and females. However, since there were numerous significant sex differences using a nonparametric statistic (Brown-Forsythe F^*) in these and the dependent variables, the following results will present only the female samples for both Phase I and Phase II since the male sample is so small.

The exclusion of male respondents yielded a female sample in Phase I of 175, including 26 natural, 43 accident, 36 suicide, and 70 homicide. The number of female respondents by ethnic group within the homicide survivors were 12 White, 32 Black, and 26 Hispanic.

In Phase II, there were 129 female respondents, distributed by mode of death as follows: 25 natural, 30 accident, 27 suicide, and 47 homicide. The number of female respondents by ethnic group within the homicide survivors were as follows: 9 White, 19 Black, and 19 Hispanic.

Phase I. The overall mean age of the female respondents was 42 (range: 16-79). There was very little difference among mean age on mode-of-death comparisons (greatest difference was 2.6 years between natural death and homicide survivors). There were greater mean age differences when female White, Black, and Hispanic homicide survivors were compared. Hispanic homicide survivors had a mean age of 36; Whites, 50; and Blacks, 41. Hispanic homicide survivors tended to be Catholic (94.7%); Black homicide survivors tended to be Protestant (63.2%); White homicide survivors were equally distributed.

Table 1 gives data on the female sample by mode of death across three variables: relationship, living situation, and ethnicity. Natural death survivors were more likely to be spouses. With regard to ethnicity, natural death and suicide survivors were more likely than accident and homicide survivors to be White. Homicide survivors were more likely to be Black or Hispanic. However, the mode of death groups did not differ significantly in living situation, which would appear to be an important variable with regard to the emotional attachment of the survivor to the decedent.

Table 2 gives data on two variables for the female homicide survivor sample: relationship and living situation. Whites were more likely to be neither spouses nor parents, Blacks were more likely to be parents, and Hispanics were more likely to be spouses. Whereas the respondents across all ethnic groups were likely to be relatives, Whites were more likely not to have lived with the decedents; this was not the case for Black and Hispanic homicide survivors.

The grief reaction measure yielded four factor-derived subscales after the principal components analysis with varimax rotation. Those factors with Eigen values of one or more were: "Depressive Symptoms," which accounted for 58% of the variance; "Preservation of the Lost Object," which accounted for 16%; "Suicidal Ideation," which accounted for 15%; and "Decedent-Directed Anger," which accounted for 11%. Only items with loading of .40 or greater were used in the factor-derived scales. The final factor solution consisted of twenty of the original thirty-seven items (hereon referred to as the Grief Reaction Scale).

Tables 3 and 4 summarize the analyses by mode of death and by ethnic group comparisons within the homicide survivor sample (females only). Repeated measure ANOVAs for mode of death on Decedent-Directed Anger and time by mode of death interaction on Depressive Symptoms and Sum Subscale Score (SSS). The time effect was significant at the .0001 level on Depressive Symptoms and SSS, whereas it was not significant on Decedent-Directed Anger. Post-death period ANOVAs were significant on Depressive Symptoms, Decedent-Directed Anger, and SSS. Range tests showed that homicide survivors had significantly higher Depressive Symptom scores than did suicide survivors, whereas suicide survivors had significantly higher Decedent-Directed Anger scores than did natural death survivors. The range test for SSS was not significant; however, homicide survivors had the highest scores and natural-death survivors the lowest.

The ethnic group comparisons within the homicide survivor sample showed that Hispanics reported higher Suicidal Ideation ($p < .001$) than Whites or Blacks prior to the death but not after.

Table 5 shows the results from the Social Support Utilization questionnaire for ethnic group comparisons within the homicide survivor sample. Whereas over 90% of all White, Black, and Hispanic survivors were likely to call on someone for help when faced with a serious personal or family problem, this was not the case when the homicide survivors were asked if they had talked to anyone about their personal feelings about the death. Hispanics, in general, were less likely to have talked to anyone about the death. When comparisons of whom the homicide survivors had

talked to were made, the findings also are not what might be expected from the literature. Hispanic homicide survivors were least likely to talk with extended family. However, they were more likely to talk to a priest or minister. They were the only ethnic group in which someone had talked to a curandero or faith healer about the death.

When asked to whom they had talked the most about the death, about 50% of each ethnic group listed an immediate family member. However, 39% of the Hispanic homicide survivors listed a friend as compared to 25% for White and 17% for Black homicide survivors. Review of the type of responses by those contacted by the survivors showed that 44% of the Hispanic homicide survivors reported that the person with whom they spoke had told them not to think about the death too much. This compared to 31% for Blacks and 17% for Whites.

Phase II. In order to determine if those respondents who participated in Phase I only differed in their grief reactions from those participating in both Phases I and II, one-way ANOVAs were computed on the factor-derived subscales and SSS of the Grief Reaction Scale. No significant differences were found between the two groups on any of the subscales for either time period. Thus, it would appear that the participant dropout rate between Phase I and Phase II was not related to differences in the grief reaction of the participants.

Table 6 presents the distribution of the mode of death across four demographic variables: relationship, living situation, religion, and ethnicity. As in Phase I, there are significant differences in relationship.

The social support items from the Lin, Dean, and Ensel questionnaire were submitted to a principal components analysis with varimax rotation. The same rules applied to the grief reaction measure in Phase I were applied to this analysis. The final factor solution consisted of 20 items from the original twenty-six item questionnaire and three factors: "Lack of Interpersonal Contact," which accounted for 68% of the variance; "Overwhelming Personal Isolation," which accounted for 19% of the variance; and "Money Problems," which accounted for 13% of the variance. This factor solution was used to develop the factor-derived Social Support Scale.

Table 7 provides a summary of the statistical analyses for mode-of-death comparisons on the Social Support Scale and the Berkman Social Network Index. A repeated measures MANOVA was significant for mode of death and time. One-way ANOVAs showed pre-death differences on Lack of Interpersonal Contact and Overwhelming Personal Isolation; however, the range tests were not significant. Of particular interest was the value for one-way ANOVAs at the post-death period on the Overwhelming Personal Isolation subscale. A range test showed that natural-death survivors had lower scores on Overwhelming Personal Isolation than did homicide and accident survivors. A repeated measures ANOVA on the Social Network Index was significant for the time effect and for the time by mode of death interaction. Only the one-way ANOVA at the pre-death time period was significant. The range test revealed that natural-death survivors had significantly higher Social Network scores than survivors of other modes of death. At the post-death time period, the Social Network Index scores of

natural-death survivors dropped dramatically. Ethnic group comparisons without mode of death considered did not show significant differences for main effect or interaction on the Social Support Scale. However, on the Social Network Index, Whites and Blacks had significantly higher scores than Hispanics at both time periods.

The ethnic group comparisons within the homicide survivor sample found no significant differences on the Social Support Scale. As in the overall ethnic group comparison, Whites and Blacks had significantly higher Social Network Index scores than did Hispanics at both time periods.

Table 8 presents the statistical findings for mode of death comparison on the Grief Experience Inventory. The MANOVA was statistically significant at the .005 level. As can be seen, homicide and accident survivors had significantly higher scores on Despair, Anger, and Sleep Disturbance than did natural-death and/or suicide survivors. Homicide survivors had significantly higher Physical Symptom scores than did natural-death survivors. Ethnic groups were compared without mode of death considered using a MANOVA. The MANOVA was not significant. Likewise, the MANOVA for ethnic group comparisons within the homicide survivor group was not significant.

CONCLUSIONS

Results suggest that homicide survivors, followed closely by accident survivors, may experience more intense bereavement than suicide or natural-death survivors, regardless of ethnicity. This finding is especially relevant because the former two groups have been largely ignored in the bereavement literature. Of particular interest are the results from the social support utilization questionnaire of Phase I and the Berkman Social Network Index of Phase II which run quite contrary to the impressions of Kalish and Reynolds (10) and Moore (11). The results from this study suggest that Hispanic homicide survivors may be less able or willing to share their feelings about the death than White and Black homicide survivors. Furthermore, they may not have the support of extended family, contrary to the presumed value of the extended family among Hispanics. This could be due to the breakdown in social support in our Hispanic sample due to acculturation stressors especially since the majority of our Hispanic sample were first-generation immigrants. Intervention efforts to help Hispanic homicide survivors with their grief might well focus on community- or church-based peer support groups since Hispanics were more likely than the other ethnic groups to have talked the most to friends. In addition, a crisis intervention/mental health practitioner could accompany the police or the coroners in their initial investigations to provide counseling to the decedents' families, if needed.

Also noteworthy is the finding that Hispanic homicide survivors may be more psychologically distressed before the death as assessed by the Phase I pre-death symptom measure. However, it should be noted that this finding applies to Hispanics in general, regardless of mode of death. This again could be due to acculturation stress. Interestingly, this pre-death distress does not appear to exacerbate the grief experience.

The present study is beset with a possible confounding variable to the mode-of-death comparisons: the relationship between respondent and decedent. In the case of accidents and homicides, the largest percentage were parents. In the case of natural deaths, the largest percentage were spouses. In the case of suicides, the largest percentage were either siblings or offspring. Thus, an alternative explanation could be made that the differences found in the mode of death are due, at least in part, to the relationship between respondent and decedent. This alternative explanation cannot be ruled out in the present study. However, an argument against such a confound might be found in the homicide survivor sample. Recall that although this group did not show any ethnic group differences in the grief experience, there are differences in reported grief by relationship with the decedent. Hispanic homicide survivors tended to be spouses, Black homicide survivors tended to be parents, and White homicide survivors tended to be siblings or offspring. Another limiting factor to the present study is the high rejection rate which limits generalizability of the findings.

Perhaps we may find some insight into the rate of Hispanic homicide in the United States and into the reaction of Hispanic homicide survivors in the continuation of the quote from Paz with which we ended our introduction. We might think of Paz's "American population" as including Hispanic Americans, many of whom, once entering the United States, become culturally uprooted, socially isolated, and even ostracized, and, consequently, culturally and psychosocially destabilized.

...Finally, in vast segments of the American population of today, progressive rationalism and idealism have been replaced by neohedonism...American hedonism closes its eyes to death and has been incapable of exercising the destructive power of the moment with a wisdom like that of Epicureans of antiquity. Present-day hedonism is the last recourse of the anguished and the desperate, an expression of nihilism that is eroding the West. (14, pp.365-366)

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Table 1

Phase I: Distribution of Respondent Sample within Three Demographic Variables by Mode of Death (Females)

Variable Category	Mode of Death			
	Natural	Accident	Suicide	Homicide
<u>Relationship</u>				
Spouse (N=66)	19 (55.9%)	14 (28.6%)	12 (26.7%)	21 (28.8%)
Parent (N=61)	2 (5.9%)	19 (38.8%)	11 (24.4%)	29 (39.7%)
Other (N=74)	13 (38.2%)	16 (32.7%)	22 (48.9%)	23 (31.5%)
$\chi^2_{(6)} = 19.7, p < .01 (N=201)$				
<u>Living Situation</u>				
Living with (N=126)	25 (73.5%)	30 (61.2%)	27 (60.0%)	44 (60.3%)
Living apart (N=75)	9 (26.5%)	19 (38.8%)	18 (40.0%)	20 (39.7%)
$\chi^2_{(3)} = 2.1, N.S. (N=201)$				
<u>Ethnicity</u>				
White (N=66)	12 (35.3%)	18 (36.7%)	23 (51.1%)	13 (17.8%)
Black (N=70)	12 (35.3%)	13 (26.5%)	11 (24.4%)	34 (46.6%)
Hispanic (N=65)	10 (29.4%)	18 (36.7%)	11 (24.4%)	26 (35.6%)
$\chi^2_{(6)} = 19.7, p < .01 (N=201)$				

Table 2

Phase I: Distribution of Female Homicide Survivor Sample
by Two Demographic Variables and Ethnicity

Variable Category	Ethnicity		
	White	Black	Hispanic
<u>Relationship</u>			
Spouse (N=20)	2 (16.7%)	7 (21.9%)	11 (42.3%)
Parent (N=29)	4 (33.3%)	18 (56.3%)	7 (26.9%)
Other (N=21)	6 (50.0%)	7 (21.9%)	8 (30.8%)
<u>Living Situation</u>			
Relative living with (N=40)	3 (25.0%)	18 (56.3%)	19 (73.1%)
Relative not living with (N=26)	7 (58.3%)	13 (40.6%)	6 (23.1%)
Nonrelative living with (N=3)	1 (8.3%)	1 (3.1%)	1 (3.8%)
Nonrelative not living with (N=1)	1 (8.3%)	0 (0.0%)	0 (0.0%)

Table 3

Phase I: Mode of Death Comparisons for Females,
Grief Reaction Scale

	Rep. Meas. ANOVA	Pre-death	Post-death
Depressive Symptoms	T, TxM	n.s.	H > S
Preservation of Lost Object	-	-	n.s.
Suicidal Ideation	T	n.s.	n.s.
Decedent-Directed Anger	Mode	n.s.	S > A
Sum Subscale Score	T, TxM	n.s.	(H > N)

Table 4

Phase I: Ethnic Group Comparisons within Female Homicide Survivors,
Grief Reaction Scale

	Rep. Meas. ANOVA	Pre-death	Post-death
Depressive Symptoms	T	n.s.	n.s.
Preservation of Lost Object	-	-	n.s.
Suicidal Ideation	Mode, T	H > W,B	n.s.
Decedent-Directed Anger	n.s.	n.s.	n.s.
Sum Subscale Score	Mode, T	H > W,B	n.s.

Table 5

Phase I: Ethnic Group Comparisons for Female Homicide Survivors

1. Since the death, have you talked to anyone about your personal feelings about the death?

White	100%	(12)
Black	94%	(30)
Hispanic	69%	(18)

2. Which of these people have you talked to about your personal feelings about death?

	<u>White</u>	<u>Black</u>	<u>Hispanic</u>
Immediate Family	75% (9)	90% (27)	67% (12)
Extended Family	58% (7)	53% (16)	17% (3)
Godparents	0% (0)	7% (2)	11% (2)
Friends	92% (1)	77% (23)	67% (12)
Priest/Minister	8% (1)	23% (7)	33% (6)
Curandero/Faith Healer	0% (0)	0% (0)	11% (2)
Mental Health Professional	25% (3)	13% (4)	28% (5)
Physician/Nurse	17% (2)	37% (11)	22% (4)
Police/Coroner	33% (4)	17% (5)	17% (3)
Funeral Director	0% (0)	13% (4)	17% (3)

Table 6

Phase II: Distribution of Sample within Four Demographic Variables

Variable Category	Mode of Death			
	Natural	Accident	Suicide	Homicide
<u>Relationship</u>				
Spouse (N=41)	15 (60.0%)	7 (23.3%)	5 (18.5%)	14 (29.8%)
Parent (N=42)	1 (4.0%)	14 (46.7%)	7 (25.9%)	20 (42.6%)
Other (N=46)	9 (36.0%)	9 (30.0%)	15 (55.6%)	13 (27.7%)
$\chi^2_{(6)} = 22.50, p < .001 (N=129)$				
<u>Living Situation</u>				
Living with (N=84)	18 (72.0%)	17 (56.7%)	16 (59.3%)	33 (70.2%)
Living apart (N=45)	7 (28.0%)	13 (43.3%)	11 (40.7%)	14 (29.8%)
$\chi^2 = 2.41, N.S. (N=129)$				
<u>Religion</u>				
Catholic (N=54)	10 (40.0%)	12 (40.0%)	8 (29.6%)	24 (51.1%)
Protestant (N=52)	10 (44.0%)	12 (40.0%)	14 (59.9%)	15 (31.9%)
Other (N=23)	4 (16.0%)	6 (20.0%)	5 (18.5%)	8 (17.0%)
$\chi^2_{(6)} = 3.91, N.S. (N=129)$				
<u>Ethnicity</u>				
White (N=44)	11 (44.0%)	10 (33.3%)	14 (51.9%)	9 (19.1%)
Black (N=43)	8 (32.0%)	11 (36.7%)	5 (18.5%)	19 (40.4%)
Hispanic (N=42)	6 (24.0%)	9 (30.0%)	8 (29.6%)	19 (40.0%)
$\chi^2 = 10.48, N.S. (N=129)$				

Table 7

Phase II: Summary of Statistical Analyses

Mode of Death Comparisons (Females Only)

Social Support Scale: Repeated Measures MANOVA
 mode of death (MXRT = .10, $p < .05$)
 time (MXRT = 12.99, $p < .001$)

	<u>Pre-death</u>	<u>Post-death</u>
Loss of Interpersonal Contact	SNK-n.s.	n.s.
Overwhelming Personal Isolation	SNK-n.s.	N < H,A
Money Problems	n.s.	n.s.

Social Network Index: Repeated Measures ANOVA
 time (F (1, 124) = 12.99, $p < .001$)
 time x mode of death (F (3.124) = 3.58, $p < .05$)

<u>Pre-death</u>	<u>Post-death</u>
N > H,A,S	n.s.

Ethnic Group Comparisons for Female Homicide Survivors

Social Support Scale: No significant differences

Social Network Index: Repeated Measures ANOVA
 ethnicity (F (2, 45) = 8.46, $p < .001$)

<u>Pre-death</u>	<u>Post-death</u>
H < W,B	H < W,B

Table 8

Phase II: Means, F-Ratios, and Range Tests on Grief Experience
Inventory Subscales by Mode of Death

GEI Subscale	Mode of Death				F(3,125)	Range Test SNK
	NAT X	ACC X	SUI X	HOM X		
Denial	3.6	3.7	4.4	3.8	0.93	
Atypical Responses	8.3	8.9	9.4	9.2	1.03	
Despair	5.6	8.3	6.3	9.1	4.95***	H>A>N
Anger	2.5	4.8	3.3	4.7	7.27***	A,H,>N,S
Guilt	2.1	2.7	2.6	2.6	1.42	
Social Isolation	2.5	3.4	3.0	3.3	2.36	
Loss of Control	3.8	4.5	3.9	4.2	1.60	
Rumination	5.0	5.4	4.2	5.5	1.57	
Depersonalization	4.6	5.2	4.2	5.6	2.59	
Somatization	6.7	8.0	7.3	8.1	2.09	
Death Anxiety	5.6	5.7	6.3	5.8	0.72	
Sleep Disturbance	3.1	4.5	3.1	4.7	8.38****	A,H>N,S
Vigor	3.0	3.4	3.1	3.9	2.84*	N.S.
Physical Symptoms	3.4	4.4	3.9	4.7	3.01*	H>N
Optimism/Despair	1.0	1.8	1.2	1.7	1.84	
Overall (MANOVA)	MXRT = 0.30***					

* p < .05

*** p < .005

**** p < .001



VIOLENCE IN HISPANIC FAMILIES IN THE UNITED STATES: SOME PRELIMINARY FINDINGS ON INCIDENCE AND ETIOLOGY

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ABSTRACT

Data were analyzed from 721 Hispanic families who participated in one of two national surveys designed to measure the incidence of child abuse and spouse abuse. The rates of violence in Hispanic families are much greater than those in non-Hispanic white families. During the year of the survey, nearly one out of four married or cohabitating Hispanics reported an assault on their partner, and one out of seven Hispanic children were severely assaulted by their parents. These rates are likely to be underestimates of the true incidence. The etiology of violence in Hispanic families is discussed, and program and policy implications are presented.

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INTRODUCTION

The Limits and Potential of the National Survey of Violence in Hispanic Families

Since the findings to be presented in this paper are based on a nationally representative sample, they have the potential for greatly increasing our understanding of the extent and causes of physical violence in Hispanic families. Nevertheless, I present this paper with some trepidation and caution.

The first caution is the validity of combining the diversity of peoples identified in the census as "Hispanic." Region of residence was selected as a proxy for the national origin. This is far from a satisfactory procedure, but it may be better than no attempt to differentiate within the Hispanic population. Other cautions are that the data set does not contain information on the level of acculturation to Anglo society and that the interviews were conducted in English. Although the Conflict Tactics Scales, which was used to measure the occurrence of intra-family violence, is a reliable and valid instrument used by many investigators, the validity of this measure for use with Hispanic families is not known.

Although there are many limitations, the study also has important assets. First, it uses a relatively large and representative sample of families who identify themselves as Hispanic. Second, it contains unique data on physical abuse of children and spouses. This data set was obtained using a well-proven instrument -- the Conflict Tactics Scales (1) -- that has been developed over the course of more than a decade and has been used effectively by more than 40 different investigators. Third, there is a considerable amount of other information on each family, including data on the socioeconomic status of the families.

The 1985 National Family Violence Survey

The limitations of official data on violence in families led us to conduct surveys designed to measure the incidence of child abuse and spouse abuse in nationally representative samples. The 1985 survey (2-5) provides the most complete figures available on incidence rates although they are almost certainly underestimates (6). Detailed information on methods and materials are presented elsewhere, but certain relevant aspects are mentioned here for completeness.

Sample

To be eligible for inclusion, a household had to include two adults, a male and female, 18 years of age or older who were: 1) presently married, or 2) presently living as a male-female couple; or a household might include one adult 18 years of age or older who was either 3) divorced or separated within the last two years, or 4) single parent living with a child under the age of 18. When more than one eligible adult was in the household, a random procedure was used to select the gender and marital status of the respondent.

The sample was made up of four parts. The first part is a national probability sample of 4,032 households which were selected in proportion to the distribution of households in the 50 states. The second, third, and fourth parts are oversamples for specific purposes. The Hispanic oversample consists of 510 families selected at random from among those who identified themselves as Hispanic.¹ These 510 families, combined with the 211 Hispanic families in the other samples, make up the total of 721 Hispanic families in the survey.²

The data were obtained by telephone interviews conducted by Louis Harris and Associates. Interviews lasted an average of 35 minutes. The response rate, calculated as "completes as a proportion of eligibles," was 84%. A detailed report on the methodology of the study is available from the author.

Method of Measuring the Incidence of Violence

The Conflict Tactics Scales, or CTS (1), was used to measure the incidence and frequency of violence.³ The CTS starts by asking the respondent to think of the times when they had a conflict with their child or spouse or just got angry with them. Respondents are then given a list of tactics which they might have used in these situations of conflict or anger. The tactics ranged from calm discussion to attacks with a knife or a gun. The 1985 version of the CTS (used for this paper) consisted of 19 tactics, 9 of which refer to acts of violence. The violent acts are: threw something at the other; pushed, grabbed, or shoved; slapped or spanked; kicked, bit, or hit with a fist; hit or tried to hit with something; beat up the other; burned or scalded (for children) or choked (for spouses); threatened with knife or gun; used a knife or gun. The occurrence of these violent acts was used to compute the following measures of family violence:

Overall Violence. This measure indicates the percent of parents or spouses who used any of the violent acts included in the CTS during the year covered by the study.

Severe Violence. For purposes of this study, severe violence was defined as acts that have a relatively high probability of causing an injury. The acts making up the severe violence index are kicked, bit, punched, hit with an object, beat up, threatened with a knife or gun, and used a knife or gun.

Child Abuse. What constitutes abuse is, to a considerable extent, a matter of social norms. The operationalization of child abuse attempts to take normative factors into consideration by computing two child abuse rates: Child Abuse 1 is the use by a parent of any of the acts of violence in the Severe Violence Index (see above), except that, to be consistent with current legal and informal norms, hitting or trying to hit with an object such as a stick or belt is not included. Child Abuse 2 adds hitting with an object such as a belt or paddle, even though many people do not consider that to be abusive, because such acts carry a greater risk of causing an injury.⁴

Spouse Violence. The problem of terminology and norms is even greater for violence between spouses than for violence by parents. Although spanking or occasionally slapping a child is not usually considered abuse (or even violence), the same act is often considered to be abusive if done to a spouse. Thus, in the case of violence between spouses, the overall violence rate is important.

Wife-beating. Because of the greater average size and strength of men, the acts in the Severe Violence list are likely to be more damaging when the assailant is the husband. Consequently, to facilitate focusing on the rate of Severe Violence by husbands, the term wife-beating will be used to refer to that rate.

RESULTS

Incidence of Marital Violence

Couple Rates. The first row of Part A of Table 1 shows an extremely high rate of violence between Hispanic couples. One is forced to this conclusion on the basis of the absolute rate -- the fact that almost one out of four (23.1%) of the Hispanic families in this sample experienced one or more assaults against a spouse during the year of this survey -- and on the basis of a comparison with the non-Hispanic white part of the sample, the Hispanic rate is 54% greater (Table 1, first row: $23.1 \div 15.4 = 1.54$).

Applying this rate to the approximately 2.8 million Hispanic couples in the United States in 1985, results in an estimate of about 693,000 Hispanic couples who experienced at least one violent incident during the year.

Most of those violent incidents were relatively minor -- pushing, slapping, shoving, or throwing things. However, the Severe Violence rate of 11.0 indicates that almost half of the assaults were acts that carried a high risk of producing an injury.

Husband-to-Wife Violence. The middle two rows of Part A of Table 1 focus on assaults by husbands. The rate of 17.3 per thousand couples shows that almost one out of eight Hispanic husbands physically assaulted their partner during the year of this study. The most important statistic, however, is in the row for severe violence by the husband. This is the measure used as the indicator of "wife-beating." It shows that more than seven out of every hundred women were severely assaulted by their partner in 1985. If this rate is correct, it means that about 219,000 Hispanic women were beaten by their partner that year.

Wife-to-Husband Violence. The last two rows of Part A shows the rates for violence by wives are remarkably similar to the rates for violence by husbands. This applies to both the overall rate, which is 16.8 for assaults by wives, as compared to 17.3 for assaults by husbands; and to the severe violence rate (7.8 for assaults by wives versus 7.3 for assaults by husbands).

The repeated finding that the rate for violence in the family or in dating relationships by women is similar to the rate of violence by their male partners is an important and distressing finding about violence in American families, including Hispanic-American families. For reasons to be discussed later in this paper, this finding suggests that unless Hispanic women also forsake violence in their relationships with male partners, they cannot expect to be free of assault.

Incidence of Violence against Children

Overall Violence Rate. No rates or numbers are shown for "any hitting" of children (first row of Part B, Table 1) because that statistic is almost meaningless unless one takes into account the age of the child. For children age four and under, the true figure is close to 100%. For example, 97% of the parents of three-year olds in the 1975 national survey and 90% of the parents in the 1985 study reported one or more times during the year when they had hit the child (7-8). The rate drops rapidly from age six on.

Child Abuse 1 Rate. This measure of child abuse is confined to acts by parents which are almost universally regarded as abusive: kicking, biting, punching, beating up, scalding, and attacks with weapons. The second row of Table 1, Part B shows that the rate of such indubitably abusive violence was 4.8 per hundred Hispanic children in 1985. This is almost certainly an underestimate because not all parents were willing to tell us about instances in which they kicked or punched a child. If we, nevertheless, apply this rate to the 6.1 million Hispanic children living in the U.S. in 1985, it results in an estimate of about 288,000 severely assaulted Hispanic children per year.

Child Abuse 2 Rate. This measure of child abuse adds hitting the child with an object such as a stick or belt. Hitting with an object was omitted from the Child Abuse 1 rate because neither legal nor informal norms presume that as "abuse." However, since hitting a child with an object involves a greater risk of injury than spanking or slapping with the hand, the best measure of physical abuse of children may be the Child Abuse 2 rate. The second row of Part B shows that, in 1985, 13.4 out of every hundred Hispanic children were assaulted by a parent severely enough to be classified as "abuse." When this rate is applied to the number of Hispanic children living in the U.S. in 1985, it results in an estimate of 804,000 abused children per year.

How Violent Are Hispanic Families?

As indicated earlier, the rates and numbers just presented are almost certain to be underestimates. But even taking the statistics at face value, they indicate violence is a major problem in Hispanic families, as in non-Hispanic families. However, since we are trained to see the loving and supportive side of the family and to discount the "dark side" of the family, these figures are sometimes dismissed. For example, it can be noted that there was severe violence between the spouses in only 11% of the Hispanic couples, i.e., 89% were not seriously violent.

Suppose, however, that this was a study of universities rather than families. It seems unlikely that the findings would be dismissed by saying that "89% of the faculty did not severely assault a student in 1987." A one-out-of-ten rate of severe assault in a university, or in any other civilian setting except the family, would not be tolerated for an instant. This, of course, raises the question of why there is so much violence in families, both Hispanic and other. My colleagues and I have spent the last 15 years investigating that issue among non-Hispanic families. The next section of this paper will make a start on that process for Hispanic families by examining the relation of certain family characteristics to the occurrence of assaults within the Hispanic families in this study.

Region, Urbanization, and Violence in Hispanic Families

Region. Given the diversity of the Hispanic or Latino population in the United States, it is unfortunate that the data for this survey do not include information on the national background of each family. However, some relevant information can be gained by comparing families living in each of the four major regions of the United States. A pattern which is discernible in Table 2 is the higher rate of physical abuse of children among Hispanic families in the North Central region than in other regions. However, the North Central region does not have the highest rates of spouse abuse. Rather, the spouse abuse rate is highest in the North East: that region ranks first on all four spouse abuse measures.

Urbanization. For the U.S. population as a whole, both the 1975 and the 1985 national surveys found the highest rates of family violence in the central cities. This is consistent with long-standing differences in the rate of crimes known to police. The pattern for Hispanic family violence is somewhat different. For physical abuse of children, the first two rows of Table 3 show that the highest rates are in the small towns and rural areas. On the other hand, the highest rates on each of the four measures of violence between spouses in Table 3 are in the central cities. Perhaps the higher rate of abuse of children in rural areas reflects a more traditional pattern of child rearing, with a greater reliance on physical punishment and therefore a greater risk that it will escalate to the point where the parent's behavior falls into the abuse categories.

Socioeconomic Status and Violence in Hispanic Families

The link between poverty and physical violence has been established by many studies (9-12). This link raises two important questions. First, does the relationship between socioeconomic status (SES) and violence also apply within the Hispanic community? Second, since a larger proportion of the Hispanic than the non-Hispanic white population is poor, does the higher rate of intra-family violence shown in the preceding section reflect the confounding of these two variables? To provide information on these two questions, three aspects of socioeconomic status will be examined: occupation, income, and unemployment.

Occupational Class. The two-way analysis of variance shown in Table 4 is a first step in investigating this issue. For this analysis, the husband's occupation was classified as "manual" or "non-manual," using the Bureau of Labor Statistics revised Occupational Classification system.

Then each Bureau of Labor Statistics occupation code was classified as either manual or non-manual, using the list of occupations falling into these categories by Rice (13).

The effect of occupational class can be determined from Table 4 by comparing the upper figure with the lower figure in each of the 12 pairs in the table. For example, the upper left pair shows that manual workers have almost three times the Child Abuse 1 rate among non-Hispanic whites (2.7 versus 1.0). The upper right pair of rates shows that among Hispanic families, the rate for manual worker families is also higher than for non-manual worker families, but the difference is much less (5.4 versus 4.4, or a 22% higher rate).

For each of the six occupational class comparisons in the non-Hispanic column, there is a higher incidence of violence in the families of manual workers than in the families of non-manual workers. The same applies to the six comparisons in the Hispanic column, although the differences between blue collar and white collar tend to be smaller within the Hispanic community. However, that is not a finding which provides much comfort. It does not occur because Hispanic intra-family violence rates are low in blue collar Hispanic families, but because the rates are high in Hispanic white collar families.

Table 4 also permits us to compare Hispanic with non-Hispanic white families who have roughly equivalent occupational status. All 12 of the possible comparisons show that the assault rate is higher in Hispanic families than in non-Hispanic white families. The differences are often extremely large, as shown in Table 4. The difference is greatest for physical assaults on children. The Hispanic rate for Child Abuse 1 in blue collar families is double that in blue collar non-Hispanic white families; and for families in which the husband is a non-manual worker, the Hispanic rate is four times greater.

In general, the Hispanic rate exceeds the non-Hispanic rate most for the more severe types of assault and in families of manual worker husbands. For example, the rate of severe assaults by husbands on wives in Hispanic manual worker families is more than double the rate in non-Hispanic manual worker families. There is a similarly high rate of assault (relative to non-Hispanic whites) by Hispanic wives on their husbands (last row Table 4).

Income

One difficulty with using blue collar versus white collar occupation as a means of controlling for SES is that each of these categories covers a range of occupations and incomes. Comparison of Hispanic and non-Hispanic men who are manual workers may not be an adequate control because more Hispanic than non-Hispanic men may have occupations at the lower end of the blue collar labor force. Consequently, the incidence of husband-to-wife violence was tabulated for six income groups and plotted in Figure 1.

It can be seen that Hispanic men with the lowest incomes have the highest rate of assault on their wives. As income increases, violence tends to decrease. The plot line for severe assaults (the lower of the two plot lines) shows that men with income of less than \$10,000 had an assault

rate of 12.8, which is more than four times the rate of men with incomes of \$30,000 or more.

Although these results indicate a strong relationship of income to violence, it is also important to keep the other side of the coin in mind: The same figure of 12.8 means that 87% of poor Hispanic men in this sample did not assault their wives during the year of this survey. Thus, as serious a problem as wife-beating is in the Hispanic community, it is important not to let these statistics be converted into a stereotype suggesting that all poor Hispanic men are wife-beaters.

Unemployment

It has long been known that unemployment tends to create severe tension and problems within the family. The previous national survey study, based on interviews conducted in 1975, found that unemployed men are associated with a two to three times higher rate of intra-family violence (6). One can argue that this should also apply to Hispanic families, or one can argue that since unemployment is so frequent, the effect will be less because Hispanic families, of necessity, have found ways of coping.

Figure 2 shows that the unemployment has a similar relationship to violence in this sample of Hispanic families as was found for the earlier sample (which contained very few Hispanic families). The line at the top of Figure 2 plots minor violence by husbands, such as slapping or throwing things at their wives. It shows that 15% of the employed husbands in this sample carried out an act of minor violence, but the rate doubles to one out of three for unemployed husbands.

The third line from the top in Figure 2 plots the rate of severe assaults by husbands. This is roughly equivalent to what the public thinks of as wife-beating. It shows that the wife-beating rate among unemployed Hispanic husbands was 2-1/2 times greater than among men with full-time jobs (16.1% versus 6.5%).

The second and fourth lines of Figure 2 plot the rate of wife-to-husband violence. These figures show that the husband's unemployment is also associated with a higher level of violence by wives. However, the increase in assaults by wives associated with the unemployment of their husbands is not as great as the increase in assaults by the husband.

Poverty and Violence

The evidence just presented indicates that the strong linkage of violence to low income, low occupational prestige, and unemployment applies to violence within Hispanic families. At least part of the reason is the greater number of stresses which low SES families experience (14). It therefore suggests that steps to raise the socioeconomic level of Hispanic families to a level equal to non-Hispanic white families is not only a matter of equity and social justice, but it is also one of the most fundamental ways of reducing the high level of intra-family violence in the Hispanic community.

Important as economic parity may be as an end in itself and as a means of reducing violence, parity with the non-Hispanic white community in respect to violence is hardly a worthy target to emulate. Although the rates are lower than in Hispanic families, non-Hispanic white families have an intolerably high rate of intra-family violence. Thus, much more needs to be included in an adequate theory explaining why families are so violent and to provide a sound basis for primary prevention. In previous papers and books I have attempted to lay out such a more comprehensive theory (6,15,16). Many other factors are involved, such as alcohol and drug use (3,17) and male dominance in the family and society (18,19). The remaining section of this paper will examine only one of the additional elements in that theory -- the effects of physical punishment.

Does Physical Punishment Lead to Physical Abuse?

A previous section presented data on the near universality of physical punishment of young children and also indicated that as children grew older, parents, on the average, used less physical punishment. However, even in the late teens -- ages 15, 16, and 17, to be exact -- one out of five Hispanic children in this sample were still being hit by parents. Elsewhere in the interview, respondents were asked if they themselves had been hit by a parent when they were about 13. Forty percent reported physical punishment by their mothers when they were about 13 years old, and 28% reported having been hit by their fathers when that age. This indicates a continuity between generations in the use of physical punishment.

The data on use of physical punishment by the respondents in this study and the data on the use of physical punishment by their parents refer to what can be called "legitimate violence" (9,20). This is in contrast to violence by parents which goes beyond the culturally permissible level of severity and is therefore labeled as "physical abuse" rather than "physical punishment." However, these data can be analyzed to provide information on the question of whether parents who experienced "physical punishment" as 13-year-olds have a higher rate of "physical abuse" of their own children than parents who were not physically punished at that age. Since it was shown previously that severe assaults on children occur more often in blue collar than in white collar families, the occupational status of the husband was controlled in this analysis.

Each row of Table 5 compares respondents who were physically punished at age 13 with those who were not. Age 13 was chosen because it seemed to be the youngest age at which this information could be remembered and reported in an interview, and because it is past the age at which physical punishment is nearly universal. It was further assumed that children who were physically punished at age 13 were likely to have been physically punished since infancy. For example, the first row indicates that 2.3% of the respondents who were not physically punished at age 13 severely assaulted one of their children during the year of this survey. This, of course, is an extremely high rate for such serious and dangerous acts as kicking or punching a child. However, the next figure to the right indicates that the rate for respondents who were physically punished as a

teen-ager is even higher -- 9.8%. The right-hand column indicates that the rate of severe assaults on children by parents who were physically punished at age 13 is 4.3 times greater than the rate for those who did not experience physical punishment at that age.

Twenty-three out of the 24 comparisons in Table 5 show that parents who were physically punished at age 13 engaged in assaultive behavior more often than parents who were not hit at that age. There are also some potentially important differences within Table 5. Specifically, the pattern is somewhat different for child abuse as compared to spouse abuse.

Class Differences in the Effects of Physical Punishment

Child Abuse. The relation between experiencing physical punishment as a child and severely assaulting one's own child is greater for non-manual (i.e., white collar or middle class) workers than for manual workers. This is puzzling at first because the overall child abuse rate is lower in middle class Hispanic families than in working class Hispanic families. Consequently, it is important to understand what produces the stronger relationship between physical punishment and physical abuse in white collar Hispanic families.

Statistically, the stronger relationship between experiencing violence and child abuse among middle class parents occurs because the middle class respondents who were not hit have a lower rate of physically abusing their own children than blue collar parents who were not hit. In addition, middle class parents who were hit at age 13 have a higher rate of physically abusing children than blue collar parents who were hit at age 13. Consequently, the difference between those who were hit and those who were not hit is very large for the white collar parents.

A conceptual or theoretical explanation for the greater effect of being hit as a teen-ager on middle class parents is more difficult. One possibility is based on studies which find that working class norms permit or require use of physical punishment to a greater extent than is true in the middle class (21-23). Consequently, if a middle class teen-ager is hit by his or her parents, it may be a more dramatic event because it also tends to be a norm violation and, as a result, makes a deeper impression and, therefore, increases the probability of relying on physical force as a mode of child rearing.

Spouse Abuse. Each of the eight possible comparisons in Table 5 show that the effect of being hit as a child is greatest in the families of manual workers. This is the reverse of the class difference for child abuse. No plausible explanation has as yet been formulated to explain why physical punishment is more closely related to spouse abuse in blue collar Hispanic families.

How Physical Punishment Teaches Family Violence

The importance of physical punishment is that, in addition to teaching the child to do or not do whatever led to the punishment, it also teaches violence. The process takes place in several ways.

The first way in which physical punishment trains people in violence, and intra-family violence in particular, is that it sets up an association between love and violence. Studies in England (24) and the U.S. (7,8) show that physical punishment typically begins in infancy with parental slaps to correct and teach. Parents are the first and usually the only ones to hit an infant. For most children this continues throughout childhood. Children, therefore, learn that those who love them the most are also those who hit.

The second process by which physical punishment trains people in intra-family violence occurs because physical punishment is used to train the child in morally correct behavior or to teach about danger to be avoided. Ironically, since this is a very desirable objective, it also teaches the moral rightness of hitting other family members.

A third process stems from the fact that parents often refrain from hitting until the anger or frustration reaches a certain point. The child learns that anger and frustration justify the use of physical force. Children are, therefore, trained to be violent when they are out of control.

These indirect lessons become a fundamental part of the child's personality and are later generalized to other social relationships, especially to such intimate relationships as those of husband and wife and of parent and child. This is confirmed by the findings just presented and by other studies which show that the more physical punishment experienced as a child, the higher the rate of hitting a spouse (6,7).

SUMMARY AND CONCLUSIONS

This paper presented preliminary findings from a study of violence in a nationally representative sample of 721 Hispanic families. Since these are preliminary findings, and since the study has a number of limitations (see introduction), the conclusions must be regarded as tentative.

Incidence of Violence in Hispanic Families

- * Almost one out of four Hispanic households were the scene of an assault between the married or cohabiting partners during the year of the survey. About half of these incidents involved acts which carried a substantial risk of injury such as kicking, punching, biting, and choking.
- * Hispanic women, like non-Hispanic women, have about the same rate of assaults on husbands as husbands have of assaults on wives.
- * About one out of seven Hispanic children were severely assaulted by their parents during the year of this survey.
- * The violence rate in Hispanic families is much greater than

the rate in non-Hispanic white families. For example, the rate of severe assaults on wives, which can be considered a measure of wife-beating, is more than double that of non-Hispanic white families.

- * The rates presented in this paper, although extremely high, are underestimates of the true incidence.

Etiology of Family Violence

- * Hispanic families in the North Central states had the highest rate of child abuse, whereas families in the North East had the highest rate of spouse abuse.
- * Hispanic families living in small towns or rural areas had the highest rate of child abuse, whereas those living in the central cities of large metropolitan areas had the highest rate of spouse abuse.
- * Families with low income, low status occupation of the husband, and unemployment had child abuse and spouse abuse rates that are considerably higher (in some cases, two to four times greater) than the rates of better-off families.
- * Respondents who experienced more than average amounts of physical punishment as children had a much higher rate of child abuse and spouse abuse.

Although this study indentified certain factors which probably contribute to the high rate of violence in Hispanic families, it is important to realize that none of the factors are deterministic. For example, the rate of wife-beating by unemployed Hispanic men is about 2-1/2 times greater than the rate in families where the husband has a full-time job (16.1% versus 6.5%). This is an astoundingly and intolerably high rate of wife-beating. On the other hand, the same statistics show that 84% of unemployed Hispanic men in this sample did not assault their wives during the year of the survey. Moreover, the fact that 6.5% of the men with full-time jobs did assault their wives also needs to be kept in mind.

Programmatic and Policy Implications

- * Since the rates from this survey and the homicide rates indicate that family violence is a major threat to the integrity and well-being of Hispanic families, efforts to change that situation need high priority. This means services to aid and protect victims, treatment programs for offenders, and primary prevention.
- * Although the high intra-family assault and homicide rates are likely to be an embarrassment to the Hispanic community, the reality of the problem needs to be acknowledged so that the Hispanic community itself can control the remedial steps.

- * The close link of violence to low income and unemployment is one more reason to close the economic gap between Hispanics and the majority of Americans.
- * The high rate of assault by women on their husbands (both Hispanic and other women) and the finding that physical punishment is part of the etiology of both child abuse and spouse abuse suggest that family violence is not just a problem of macho males. It is built into the family system and the society as it is presently constituted. Consequently, programs to aid victims and treat aggressors, important as they are, will not be sufficient.
- * Primary prevention programs are needed to address the fundamental causes of the overall high level of violence in families and in society generally. Examples include ending physical punishment of children, eliminating poverty and discrimination, and eliminating the widespread violence committed by public officials, ranging from police who beat up a bicyclist for going against traffic (25) to presidents who authorize bombing ships of tiny nations whose political systems we dislike.

1. The specific question on ethnic identity was "In which of the following categories do you feel you belong? Pacific Islander, American Indian or Alaskan Native, Asian (Oriental), Hispanic, Hispanic/Black, White but not Hispanic, Black but not Hispanic, Not sure, Refused." For purposes of this preliminary paper, the Hispanic and Hispanic/Black groups were combined. Later analyses will investigate differences between these two groups.
2. The two remaining parts of the sample consisted of oversamples for other specific purposes. One of these is an oversample of Black families which was selected in the same way as the Hispanic oversample. Finally, certain states were oversampled in order to permit certain state-by-state comparisons. The state oversample consisted of 958 households in 25 states. This was done to assure that there would be 36 states with at least 100 completed interviews per state. Analyses intended to produce statistics which are nationally representative and which include these oversamples are adjusted so that each state and ethnic group is represented in proportion to their part of the total U.S. population. The rates for non-Hispanics in this paper differ from those in previous publications because they are based on only those respondents who identified themselves as White.
3. The CTS has been used and refined in numerous studies of family violence (19,26-32). Three different studies have established that the Conflict Tactics Scales (CTS) measures three factorially separate variables (1,31,33): Reasoning, Verbal Aggression, and Violence of physical aggression. The reliability and validity of the Conflict Tactics Scales have been assessed in several studies over the 15-year period of their development. See Straus (1) for evidence of internal consistency reliability, concurrent validity, and construct validity. Other investigators have confirmed some of these findings (31,33-35).
4. From a scientific perspective, it would be preferable to avoid the term "abuse" because of the definitional problems just mentioned and because it is a political and administrative term as a scientific term. Despite this, we will use "abuse" for two reasons. First, it is less awkward than "Very Severe Violence Index." Second, it is such a widely used term that avoiding it creates communication difficulties.

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Table 1

Annual Incidence Rate of Violence in Hispanic and Non-Hispanic White Families, and Estimated Number of Hispanic Cases Based on these Rates. Data from 1985 National Family Violence Resurvey.

Type of Intra-Family Violence	Rate per 100 Couples or Children		Estimated Number of Hispanics Assaulted Per Year
	Non-Hispanic White	Hispanic	
<u>A. Violence between Husband and Wife - During the Year</u>			
ANY violence (slap, push, etc.)	15.0	23.1	693,000**
SEVERE violence (kick, punch, stab, etc.)	5.4	11.0	330,000**
ANY violence by the HUSBAND	10.8	17.3	519,000**
SEVERE violence by HUSBAND ("wife beating")	3.0	7.3	219,000**
ANY violence by the WIFE	11.5	16.8	504,000**
SEVERE violence by the WIFE	4.0	7.8	234,000**
<u>B. Violence by Parents - Child Age 0-17 - During the Year</u>			
ANY hitting of child	Near 100% for young children		
VERY SEVERE violence	1.8	4.8	288,000*
SEVERE violence	9.8	13.4	804,000*

Significance of differences between Hispanics and Non-Hispanics:

* = $p < .05$

** = $p < .01$

Table 2

Regional Differences in Intra-Family Assault Rate

Type of Violence	North East	North Central	South	West
Child Abuse 1	7.0	12.9	4.0	3.6
Child Abuse 2	15.5	22.6	12.0	12.6
Husband-to-Wife Any Violence	22.0	15.2	13.1	16.4
Husband-to-Wife Severe Violence	12.2	9.1	4.9	7.8
Wife-to-Husband Any Violence	22.0	12.1	16.4	12.7
Wife-to-Husband Severe Violence	13.4	6.1	5.8	8.2

Note. The N's for the child abuse rates are NE=71, NC=31, S=175, W=222; corresponding N's for violence between spouses are 82, 33, 244, and 244. Despite some large differences between regions, none of the six chi-squares (one for each row of the table) is large enough to be statistically significant.

Table 3

Intra-Family Assault Rates by Urbanization

Type of Violence	Central City	Suburb of Central City	Small Town and Rural
Child Abuse 1	5.0	4.0	5.6
Child Abuse 2	12.2	12.8	19.4
Husband-to-Wife Any Violence	17.9	12.5	14.6
Husband-to-Wife Severe Violence	8.8	6.3	3.7
Wife-to-Husband Any Violence	18.8	10.4	13.4*
Wife-to-Husband Severe Violence	9.7	4.7	7.4

Note. The N's for the child abuse rates are Central City=278, Suburb=149, Small Town and Rural=72; for violence between spouses the corresponding N's are 329, 192, 81.

*Chi-square = 12.65, $p < .05$. Chi-squares for the other five rows in the table are not significant.

Table 4

Intra-Family Violence in Hispanic and Non-Hispanic White Families,
by Occupational Class of Husband

Type of Violence	Occupational Class	Violence Rate		ANOVA	
		Non-Hispanic White	Hispanic	Source	F
Child Abuse 1	Manual Worker	2.7	5.4	Ethnic	4.00**
	Non-Manual	1.0	4.4	Class	5.97*
				E by C	0.12
Child Abuse 2	Manual Worker	11.9	14.5	Ethnic	8.79**
	Non-Manual	7.6	13.3	Class	7.03**
				E by C	0.75
Husband-to-Wife Any Violence	Manual Worker	11.7	16.1	Ethnic	8.50**
	Non-Manual	9.0	15.1	Class	4.24*
				E by C	1.13
Husband-to-Wife Severe Violence	Manual Worker	4.0	8.5	Ethnic	8.45**
	Non-Manual	2.1	3.1	Class	13.17**
				E by C	2.57*
Wife-to-Husband Any Violence	Manual Worker	13.3	17.5	Ethnic	10.33**
	Non-Manual	10.4	15.1	Class	8.37**
				E by C	2.57
Wife-to-Husband Severe Violence	Manual Worker	4.7	9.0	Ethnic	15.59**
	Non-Manual	3.4	4.4	Class	4.80*
				E by C	1.53

* = $p < .05$

** = $p < .01$

Table 5

Intra-Family Violence Rate by Physical Punishment Experienced
by the Perpetrator and Occupational Class of Husband

Type of Violence	Husband's Occupational Class		Physical Punishment at Age 13		Ratio of Yes/No
			Parent	No	Yes
Child Abuse 1	Manual	Mother		2.3	9.8
	Non-Manual			0.0	11.4
	Manual	Father		4.0	8.7
	Non-Manual			1.4	12.1
Child Abuse 2	Manual	Mother		8.5	23.3
	Non-Manual			6.0	25.0
	Manual	Father		12.9	16.3
	Non-Manual			10.8	21.2
Husband-to-Wife Any Violence	Manual	Mother		8.1	27.8
	Non-Manual			8.8	29.4
	Manual	Father		10.8	27.8
	Non-Manual			16.8	12.5
Husband-to-Wife Severe Violence	Manual	Mother		4.3	15.4
	Non-Manual			0.0	9.8
	Manual	Father		6.2	13.9
	Non-Manual			2.8	5.0
Wife-to-Husband Any Violence	Manual	Mother		8.5	26.6
	Non-Manual			10.8	23.5
	Manual	Father		10.8	28.7
	Non-Manual			15.0	17.5
Wife-to-Husband Severe Violence	Manual	Mother		5.2	15.4
	Non-Manual			0.0	13.7
	Manual	Father		5.8	17.6
	Non-Manual			3.7	7.5

* = $p < .05$

** = $p < .01$

FAMILY VIOLENCE IN IMMIGRANT AND NON-IMMIGRANT HISPANICS IN LOS ANGELES

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ABSTRACT

As part of an epidemiologic survey to determine base rates of psychopathology in a Los Angeles household population, 1,243 Mexican-Americans (705 born in Mexico, 538 born in the U.S.) and 1,149 non-Hispanic whites (born in the U.S.) were surveyed about their experiences with family violence. Mexico-born Mexican-Americans reported a 12.1% lifetime prevalence rate for spousal abuse; the rate for U.S.-born non-Hispanic whites was 21.5% and 30.3% for U.S.-born Mexican-Americans. Child abuse rates were uniformly low, ranging from 1.1% for Mexico-born Mexican-Americans to 2.0% for U.S.-born non-Hispanic whites. Lifetime rates of adult sexual assault were lowest among Mexico-born Mexican-Americans (3.5% versus 11.6% and 15.8% for U.S.-born Mexican-Americans and non-Hispanic whites, respectively). However, nearly two-thirds of these assaults were by a relative or intimate as opposed to one-third for non-Hispanic whites. Among the two Mexican-American groups, one-third of the child sexual assault incidents involved a relative; for non-Hispanic whites, this figure was one-sixth.

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INTRODUCTION

Widespread public concern about family violence is a relatively recent phenomenon. Therefore, it is not surprising that there are few prevalence estimates of violence in families (1). This is particularly true for Hispanics given the paucity of empirical studies of the population. Although there are stereotypes about family violence, there are no data from the Hispanic community to support or refute these beliefs. Existing research on Hispanic family violence focuses on the abuse of children, cultural factors, and service provision (2-10). Prevalence and incidence data are needed.

Reports at this conference have focused on the prevalence of homicide in the Hispanic community. Although official police and coroner reports are adequate sources of data for mortality research, police and social service agency reports are not the best sources for studying family violence, which often does not come to the attention of authorities. One report indicates that although Mexican-American migrant families have low tolerance for child abuse and neglect, if it occurs in the community, it tends not to be reported (11). Thus, community surveys may be of particular importance in studying family violence among certain Hispanic subgroups.

Self-report surveys also have the strength of not having to rely on the subjective judgment of a police officer or existing agency forms to ascertain ethnicity. Respondents simply can be asked with which cultural or ethnic group they most closely identify. Ethnic misclassification is minimized. Self-report surveys also have their limits, which will be addressed later.

The United States has seen a recent rapid influx of Hispanics, whose numbers are expected to grow into the dominant minority by the year 2000 (12). Rates of family violence may vary according to immigration status, which has implications for program planning, e.g., whether Hispanic immigrants will need prevention programs or intervention services. Until rates of family violence are estimated, work must proceed with best guesses of the magnitude of the problem in the Hispanic community. This research was designed to address the prevalence of violence in Hispanic families in two Los Angeles communities.

METHODS

Sample

Data for this study were collected as part of the Los Angeles Epidemiological Catchment Area (ECA) study, a project to determine the prevalence of specific psychiatric disorders and use of health services in multiple United States population sites. The design and methodology of the ECA program have been described in detail earlier (13). The Los Angeles ECA study focused on Hispanics as a special population group.

A total of 3,132 adults were interviewed at the Los Angeles study center between January 1983 and August 1984. Subjects were selected from two mental health catchment areas: one in East Los Angeles, containing a predominantly Hispanic-American population (83%), and the other in the Venice/Culver City area of Los Angeles, with a largely non-Hispanic white population (63%), but

also including many Hispanics (21%). Almost 90% of the Hispanic Americans in the study area are of Mexican cultural or ethnic origin. To avoid problems associated with generalizing across Hispanic subgroups, analyses reported here were limited to persons of Mexican descent.

The household sample, stratified by catchment area, was selected using a two-stage probability technique. The primary sampling units were census blocks and households served as secondary sampling units. One adult from each household was randomly selected for inclusion using the Kish procedure (14). The overall completion rate was 68%.

Interviews were administered by trained lay interviewers in either English or Spanish, depending on the respondent's preference. Spanish translations of survey items were taken from available instruments or were developed using independent back-translation techniques when new translation was required. The survey instrument was formatted with Spanish and English versions on facing pages to allow for easy switching from one language to another if desired. Of the Hispanics, 48% took the interview in English, 45% took the interview in Spanish, and 8% took the interview in a mixture of both languages.

In all analyses, data were weighted to adjust for differential probability of sample selection due to varying numbers of adults in each household. In addition, data were adjusted for nonresponse by weighting to 1980 census counts of the catchment area household populations, stratified by sex, age, and Hispanic ethnic background.

Measures

Three questions directly relevant to spousal violence were asked of each respondent: "Have you ever hit or thrown things at your spouse/partner?"; "If you ever hit or threw things at your spouse/partner, did you ever do so first?"; "More than once?" One question addressed child abuse: "Have you ever spanked or hit a child (yours or someone else's) hard enough that she/he had bruises, had to see a doctor, or had to stay in bed?" The ECA is a study of psychiatric disorder and service use and, as such, did not ask specific questions about other characteristics of any reported incident of family violence.

Sexual assault was defined as being pressured or forced to have sexual contact. All Los Angeles respondents (male and female) were asked: "In your lifetime, has anyone ever tried to pressure or force you to have sexual contact? By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse." For the purposes of this study, all respondents answering "yes" to this question were considered sexually assaulted. Additional questions assessed characteristics of the most recent assault. (Time constraints limited questions to the most recent assault.) Information obtained in these questions allowed a narrowing of the definition of sexual assault. While being pressured into sexual contact can be a form of psychological violence, analyses also were limited to sexual contact with relatives and intimates that was obtained through the use of physical harm or the threat of harm. Two forms of abuse were investigated: touching and intercourse. Child sexual assault was defined as such events occurring before 16 years of age.

Lifetime psychiatric disorder was based on DSM-III (Diagnostic and Statistical Manual of Mental Disorders, Third Edition) diagnoses (15). Diagnoses were assessed by the Diagnostic Interview Schedule (DIS) (16), a highly structured lay-administered instrument (17). Although several studies have questioned the validity of the DIS (18-19), the DIS is the most widely accepted method to date using lay interviewers to reliably assess psychiatric disorder. A computer algorithm applied to the interview data about symptoms generates diagnoses. Diagnoses covered include major depression, dysthymia, bipolar, mania, drug abuse or dependence, alcohol abuse or dependence, schizophrenia, schizophreniform, antisocial personality, panic, phobia, obsessive-compulsive, somatization, and cognitive deficit. The instrument was translated into Spanish (20) and the Spanish version was validated prior to use with ECA respondents (21).

Ethnic background was assessed by asking respondents to choose from a list of 26 ethnic groups which best described their cultural or ethnic background. When self-identification was ambiguous (e.g., American), additional questions about the respondent's country of birth, parents' ethnic background, and parents' countries of birth were used to classify ethnic background.

The most complete SES-related data were those of education, and it was used as a proxy for socioeconomic status. Because educational attainment was distributed differently within the groups, when this variable was used in an analysis, it was dichotomized at the median years of education for each group (6 for Mexico-born Mexican-Americans, 11 for U.S.-born Mexican-Americans, and 13 for non-Hispanic whites).

The data were analyzed using the SAS subprogram SESUDAAN (22) to calculate prevalence rates and asymptotic approximations of exact standard errors in clustered samples. To examine the independent effects of demographic and psychiatric disorder variables on family violence prevalence, a series of logistic regression analyses (SAS CATMOD procedure) was performed controlling for each of the other factors. Because logistic regression requires dichotomous variables, variables were categorized as: gender (male vs. female); age (<40 vs. ≥40); ethnicity (Mexican-American vs. non-Hispanic white); immigration status (Mexico-born vs. U.S.-born); education (below vs. above median years of education); marital status (married, widowed, married with spouse absent, separated, divorced vs. never married); disrupted marital status (married, never married vs. married with spouse absent, separated, divorced, widowed); psychiatric disorder (one or more lifetime disorder vs. no disorder); children (0 vs. 1 or more).

RESULTS

Of the 1,243 Mexican-Americans, 705 (57.6%) were born in Mexico and 538 (43.3%) were born in the United States. Non-Hispanic whites born in the U.S. (N=1,149) served as the comparison group. Table 1 shows the ethnic, gender, and age composition of the study sample.

Lifetime prevalence of family physical violence is shown in Table 2. The three groups differ significantly from one another on spousal violence-- Mexico-born Mexican-Americans report the lowest lifetime rates (12.1%),

followed by U.S.-born non-Hispanic whites (21.5%) and U.S.-born Mexican-Americans (30.3%). The percent of total indicates that this pattern of rates holds across the three questions addressing spousal violence. Child abuse rates were uniformly low, ranging from 1.1% for Mexico-born Mexican-Americans to 2.0% for U.S.-born non-Hispanic whites.

Lifetime prevalence of sexual assault is shown in Table 3. Rates of adult assault are lowest among Mexico-born Mexican-Americans (3.5%) and highest among U.S.-born non-Hispanic whites (15.8%). Due to time constraints, characteristics of the assault were gathered only on the most recent assault. When analyses were limited to the most recent adult assault in which sexual contact or intercourse was obtained through harm or the threat of harm and which involved a family member or an intimate, rates are low among the three groups. The trend of the data appears similar; rates typically are lowest among the Mexico-born Mexican-Americans and highest among the U.S.-born non-Hispanic whites. Child sexual assault findings parallel the adult rates.

Table 4 lists the lifetime prevalence rates of sexual assault for women. These findings indicate that if a Mexico-born Mexican-American woman is sexually assaulted during adulthood, 33% of the time it is by her husband/partner, includes force, and eventuates in intercourse. By contrast, this same set of occurrences for non-Hispanic white women born in the U.S. occurs in 14% of the assaults. The pattern is the same for child sexual assault. Although rates of child sexual assault are lowest among the Mexico-born Mexican-American women, nearly half of the reported incidents are by relatives (compared to about one-fifth for U.S.-born non-Hispanic white women).

The logistic regression controlled for each of the other variables to predict spousal violence among the Mexican-Americans. The following variables were statistically significant: immigration status ($p < .0001$), with Mexico-born Mexican-Americans reporting lower rates; age ($p < .0003$), with younger persons reporting more spousal violence; psychiatric disorder ($p < .0001$), with disordered individuals reporting higher rates; and disrupted marital status ($p < .0002$), with currently married persons reporting lower rates. Gender ($p < .09$), education ($p < .26$), whether the respondent was ever married ($p < .90$), and whether the respondent had children ($p < .31$) did not predict spousal violence. The model to predict spousal violence among Mexican-Americans had a good fit to the data. When non-Hispanic whites were added to predict spousal violence, two additional variables were significant: ethnicity ($p < .02$), Mexican-Americans had a higher rate; and gender ($p < .0001$), women had a higher rate of hitting or throwing things at their spouses. With the addition of the non-Hispanic whites, the model did not fit the data well.

When these same variables (immigrant status, age, gender, education, psychiatric disorder, ever-married status, disrupted marital status, and childbearing status) were used to predict adult sexual assault by an intimate among Mexican-Americans, the following variables were statistically significant: gender ($p < .003$), with women reporting higher rates; psychiatric disorder ($p < .0002$), with disordered individuals reporting higher rates; and disrupted marital status ($p < .005$), with currently married persons reporting lower rates. The same variables were

significant when non-Hispanic whites were included in the analysis. Rates of forcible contact or forcible intercourse by a relative or an intimate were too low to allow for multivariate analysis.

The low rates of both child physical and sexual abuse precluded multivariate analysis.

DISCUSSION

This community survey is an improvement upon previous studies based on agency reports. Random sampling of a nontreatment population strengthens the validity of these prevalence estimates. On the other hand, the validity of self-report data also can be questioned for at least two reasons, recall problems and social desirability. A brief recall period and bounded time frames in victim surveys are preferable to lifetime rates (23), as were assessed in this study. Identifying yourself as a perpetrator or victim of violence is not likely to increase your social desirability. Thus, self-report bias in family violence research is probably unidirectional. Underreporting, not overreporting, is likely to have occurred in this study. While we cannot ascertain the accuracy of the reported rates, the pattern of differences among the groups is revealing.

Mexican-Americans born in Mexico report the lowest lifetime rates of family violence: 12.1% for spousal abuse and 1.1% for child abuse. U.S.-born Mexican-Americans report the highest rates of spousal violence (30.3%) and U.S.-born non-Hispanic whites report the highest rates of child abuse (2.0%). Sexual assault rates are lowest among Mexico-born Mexican-Americans; however, the proportion of within-family sexual assault is highest for this group. By contrast, U.S.-born non-Hispanic whites report much higher lifetime rates and proportionally less within-family sexual abuse.

Given that rates of spousal violence are highest among Mexican-Americans born in the U.S., intervention programs are especially needed for this group. Rates of spousal violence among Mexico-born Mexican-Americans are relatively low, thus, prevention programs may be helpful with this population. Since family violence is believed to be transgenerational, prevention programs with Mexico-born Mexican-Americans may serve to reduce violence in subsequent generations of Mexican-Americans who appear to be at high risk for spousal violence.

Findings indicate that if a Mexican-American woman is sexually assaulted, it is likely to be a situation that involves her husband and approximates rape. Only recently has spousal sexual violence been recognized; sexual assault service outreach to Mexican-American women may choose to focus on incidents involving an intimate. The co-occurrence of sexual and physical violence in couples is an area which needs further research.

The study of spousal violence, a neglected area in Hispanic family violence, has prevention implications. Spousal violence is often a precursor to spousal homicide. If violent couples can be identified, perhaps intervention can prevent an escalation of family violence to the point of homicide.

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Table 1

Sample Characteristics

	Mexico-born Mexican-Americans		U.S.-born Mexican-Americans		U.S.-born Non-Hispanic Whites	
Men (N=1,146)	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
18-24	66	9.4	54	10.0	59	5.1
25-34	115	16.3	64	11.9	195	17.0
35-44	96	13.6	37	6.9	108	9.4
45-54	23	3.3	30	5.6	63	5.5
55+	56	7.9	50	9.3	130	11.3
	—		—		—	
total	356	50.5	235	43.7	555	48.3
Women (N=1,246)						
18-24	61	8.7	66	12.3	60	5.2
25-34	113	16.0	82	15.2	192	16.7
35-44	71	10.1	38	7.1	108	9.4
45-54	31	4.4	35	6.5	52	4.5
55+	73	10.4	82	15.2	182	15.8
	—		—		—	
total	349	49.5	303	56.3	594	51.7
Total (N=2,392)	705		538		1,149	

Table 2

Lifetime Prevalence Percent and 95% Confidence Limits of Family Physical Violence, by Ethnicity and Birthplace

	Mexican-born Mexican-Americans	U.S.-born Mexican-Americans	U.S.-born Non-Hispanic Whites
Ever hit or threw things at spouse	12.1 (9.7-14.5)	30.3 (24.6-36.0)	21.5 (19.0-24.0)
If yes, ever hit or threw things first (% total)	54.6 (44.8-64.4) 6.6	62.9 (52.5-73.3) 19.1	69.3 (63.0-75.6) 14.9
If yes, hit/threw things first more than once (% total)	79.7 (68.1-91.3) 5.3	77.7 (68.1-87.3) 14.8	71.1 (62.3-81.1) 10.6
Spanked or hit child hard enough she/he had bruises, stayed in bed, saw doctor	1.1 (0.1-2.1)	1.5 (0.5-2.5)	2.0 (1.0-3.0)

Table 3

Lifetime Prevalence Percent and 95% Confidence Limits of Sexual Assault, by Ethnicity and Birthplace

	Mexican-born Mexican-Americans	U.S.-born Mexican-Americans	U.S.-born Non-Hispanic Whites
<u>Adult Assault</u>			
Overall	3.5 (2.0-5.0)	11.6 (8.8-14.4)	15.8 (13.4-18.2)
By relative	0.2 (-0.1-0.5)	1.0 (0.5-1.6)	1.5 (0.8-2.1)
By intimate	2.1 (0.8-3.4)	2.9 (1.4-4.3)	3.5 (2.7-4.3)
Contact*			
by relative	0.1 (-0.1-0.3)	0.5 (0.1-0.8)	0.3 (0.1-0.5)
by intimate	0.6 (0.3-1.0)	1.2 (0.4-2.1)	1.8 (1.3-2.3)
Intercourse*			
by relative	0.0	0.1 (-0.1-0.4)	0.1 (0.0-0.2)
by intimate	0.6 (0.3-1.0)	1.2 (0.4-2.1)	1.7 (1.2-2.2)
<u>Child Assault</u>			
Overall	1.2 (0.1-2.2)	4.7 (2.8-6.7)	8.5 (6.6-10.3)
By relative	0.4 (-0.3-1.0)	1.4 (0.7-2.1)	1.3 (0.8-1.7)
By intimate	0.3 (-0.2-0.7)	0.8 (-0.2-1.7)	0.0 (0.0-0.1)
Both Child and Adult Assault	0.5 (-0.2-1.3)	3.4 (1.6-5.2)	4.5 (3.0-6.0)

* Obtained by harm or threat of harm.

Table 4

Lifetime Prevalence Percent and 95% Confidence Limits of Sexual Assault, by Ethnicity and Birthplace, Women

	Mexican-born Mexican-Americans	U.S.-born Mexican-Americans	U.S.-born Non-Hispanic Whites
<u>Adult Assault</u>			
Overall	4.1 (2.0-6.3)	14.0 (9.6-18.4)	21.2 (17.8-24.6)
By relative	0.5 (-0.2-1.1)	1.3 (0.5-2.2)	2.3 (1.3-3.3)
By intimate	3.4 (1.2-5.6)	4.1 (1.6-6.6)	4.9 (3.6-6.1)
Contact*			
by relative	0.2 (-0.2-0.7)	0.6 (0.5-0.7)	0.5 (0.1-1.0)
by intimate	1.4 (0.7-2.0)	2.0 (0.5-3.5)	3.1 (2.1-4.0)
Intercourse*			
by relative	0.0	0.3 (-0.3-0.8)	0.2 (-0.1-0.5)
by intimate	1.4 (0.7-2.0)	2.0 (0.5-3.5)	3.0 (2.1-3.8)
<u>Child Assault</u>			
Overall	1.6 (-0.2-3.4)	6.4 (3.2-9.6)	10.8 (7.6-13.6)
By relative	0.7 (-0.7-2.2)	1.9 (0.8-3.0)	1.9 (1.1-2.8)
By intimate	0.6 (-0.4-1.5)	0.9 (-0.3-2.1)	0.1 (-0.1-0.2)
Both Child and Adult Assault	0.7 (-0.7-2.2)	4.7 (1.6-7.8)	6.3 (3.9-8.7)

* Obtained by harm or threat of harm.

CULTURE AND WIFE-BATTERING AMONG HISPANICS IN NEW MEXICO

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ABSTRACT

Although Hispanics are one of the largest and fastest-growing minorities in the U.S. today, very little research has been done on this group with regard to family violence. This paper addresses one issue of family violence: wife-battering in Hispanic families and its possible link to elements of Hispanic culture. Preliminary interviews with battered women in New Mexico are presented which raise some important questions.

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He cried all night and the week
after, remembering that voice
like his dead baby sister's,
remembering his father's drunken
kicking that had pushed her
into birth. She had a voice
like that, growing faint
at its end; his mother rocking,
softly, keening. He dreamed
of running, running
the bastard out of his life.
He would forget them, run down
the hill, leave his mother's
silent waters, and the sounds
of beating night after night...
When War came,
he took the man's vow...
Ten long hours
off the coast of Okinawa, he sang
so he wouldn't hear them.
He pounded their voices out
of his head, and awakened
to find himself slugging the bloodied
face of his wife.

(1, pp. 3-5)

This poem graphically illustrates the phenomenon of wife-battering, which has become an increasingly important issue to the public, the media, and social scientists. There has been much research and theoretical speculation regarding the forces involved in this most private and prevalent phenomenon. Little research has been done on wife-battering in the Hispanic community, especially in the southwestern United States. Research has usually taken the form of national self-report surveys. The following paper involved an in-progress exploratory study of wife-battering in New Mexico. It specifically focuses on the Shelter for Victims of Domestic Violence in Albuquerque, New Mexico, in terms of qualitative observation and time spent talking with victims of domestic violence. This study addresses women who have been battered and seek shelter services.

Much research has been done on the general phenomenon of domestic violence, especially since the early 1970s (2). The greater part of this research deals with sociostructural variables that are believed to influence this phenomenon. Gelles (3) reports that families of lower socioeconomic status who are undergoing a higher degree of social stress are at high risk for violence. Straus, Gelles and Steinmetz (4) conducted a survey in which they found that age, income, and occupation were the strongest predictors of domestic violence in the home. Dibble and Straus (5) echo these findings. Hotaling and Straus (6) suggest that cultural norms which are instrumental in maintaining the family system also legitimate, encourage, and perpetuate violence. In a study of popular culture, law, and science, Straus (7) found that each of these aspects of

modern-day society reflect the belief that use of force and violence in the family setting is legitimate. Straus further suggests that the male-dominant structure of society and the family create and maintain a high level of marital violence. In line with this idea, Allen and Straus (8) argue that men may feel compelled to fall back on physical violence when they lack other material resources within the family. Dobash and Dobash (9) suggest that wife-battering emerges and develops in the sociocultural context, while Breines and Gordon (10) stress that the sociocultural context involved is one of power relations and gender inequality.

The preceding discussion illustrates the importance of socioeconomic and cultural issues involved in domestic violence in general. Not only are income and occupation suggested to be factors involved in this phenomenon, but cultural as well.

Very little has been done on domestic violence and Hispanics. Carroll (11), in his study of Mexical-American and Jewish ethnic groups, suggests that norms related to family life can act to increase or decrease violence within the family. He proposes that the norms apparent in Jewish households allow for debate and intellectual agreement; therefore, conflicts are settled verbally without resorting to violence. On the other hand, the norms apparent in Mexican-American households call for male dominance in husband-wife relations, whereby it is not legitimate for a wife to question her husband. Therefore, conflicts are more likely to be settled with resort to violence.

In their national survey, Straus, Gelles and Steinmetz (4, p. 135) found that "minority racial groups tend to have the highest rates of violence" in the family. These authors propose that:

the stress, discrimination, and frustration
that minorities encounter, and the fact that
minorities are still disenfranchised from many
advantages which majority groups enjoy can lead
to higher rates of violence.

(4, p. 135)

These authors also state that "race was more strongly related to husband-wife violence than the other forms of violence" (4, p. 135). In fact, belonging to a non-white racial group is among 25 characteristics which these authors identify as risk factors for both wife-beating and husband-beating.

Straus (12), in a recent nationwide survey, has tentatively concluded that Hispanics are at high risk for incidents of domestic violence. He states:

Although the high intra-family assault
and homicide rates are likely to be an
embarrassment to the Hispanic community,
the reality of the problem needs to be
acknowledged so that the Hispanic community
itself can control the remedial steps.

(12, p. 17)

The preceding discussion illustrates, as did the review of the general literature, that domestic violence seems to be related to socioeconomic factors and to sociocultural factors. However, while the socioeconomic factors are widely stressed, sociocultural factors are not. The following discussion will seek to introduce elements of Hispanic culture which may be related to wife-battering.

CULTURAL LINKAGES

Two elements of Hispanic culture seem to suggest themselves as related to wife-battering: 1) the cult of machismo; and 2) the myth of Malinche.

The cult of machismo is said to have arisen out of the conquest of Mexico. The men were unable to protect their wives, daughters, and mothers from the rape of the conquerors and, therefore, developed an exaggerated aggressiveness and masculinity towards these women in their lives. In a sense, they were "proving their masculinity" at home to make up for their own powerlessness outside the home (13). Whatever its beginnings, the cult of machismo led to very different gender roles for Hispanic men and women. As Mirande and Enriquez describe it: "men are usually allowed more freedom and privileges than women" (13, p. 112) and "the boy is a fledgling macho who must be allowed to venture out of the home so he may test his wings and establish a masculine identity" (13, p. 114). Girls, on the other hand, are "restricted and sheltered" and prepared for marriage and motherhood where:

premarital chastity is the zenith of
feminine virtue...Almost total devotion
is expected from the female, she should
be warm and nurturing and minister to
the needs of her husband and children.
(13, p. 114)

Even in the Chicano movement of the 60's:

las mujeres were expected to cook the
beans, make the tortillas, and satisfy
their men's sexual needs...but ultimately,
women who gave themselves for the cause
ran the risk of being labelled putas or
whores.

(13, p. 234)

Lorna Dee Cervantes writes:

You speak of the new way,
a new life...
Pero your voice is lost to me carnal, in the wail
of tus hijos,
in the clatter of dishes,
and the pucker of beans upon the stove.
Your conversations come to me
de la sala where you sit,
spreading your dream to bothers...

(14, p. 95)

The cult of machismo places men in a position of power in relation to women and places women in a subservient role -- the wife and mother who must stay home as opposed to the woman who is independent and capable of making her own decisions, especially where her chastity is concerned.

The myth of Malinche is another cultural element I think relevant to the case of wife-battering. Malinche, Malintzin, Marina -- whatever her name -- the myth that surrounds her is the same. The myth of Malinche has its origins in Aztec Mexico. Malinche was a noble Aztec woman, given to Cortes as a gift by the lords of Tabasco in 1519. Essentially, Malinche is portrayed as having "sold out" her own people to the conquering Spaniards and assisting in Cortez' plans to overthrow the government under Montezuma (15-17). Besides this, she was also Cortez' mistress (16). For this reason, she is a symbol of betrayal more palpable than Eve herself. As Norma Alarcon writes:

Because Malintzin aided Cortes in the conquest of the New World, she is seen as concretizing woman's sexual weakness and interchangeability, always open to sexual exploitation.

(18, p. 184)

Women are essentially untrustworthy, as far as sexual matters go, and, as Alarcon suggests, "earmarked to be abuseable matter" (18, p. 184). Women who are devoted in their subservient female role are saints, but those who are disobedient are equated with Malinche. According to Mirande and Enriquez (13), La Llorona has been directly associated with Malinche. The myth of La Llorona, like that of Malinche, dates back to pre-Colombian times. La Llorona, also called the Weeping Woman, is said to have perpetrated some terrible wrong against her husband, or her children, or both. She is often said to have murdered them or somehow to have been responsible for their undoing. Her curse, then, is to mourn them eternally, and so she eternally weeps. Sometimes La Llorona is portrayed as an old, ugly haglike creature, barely more than a skull. At other times, she is portrayed as a beautiful and desirable woman. Mirande and Enriquez write:

All versions consistently present her as a female who strayed from her proper role as mother, wife, mistress, lover or patriot. In every interpretation she is a woman who regrets her transgression...Whether she is enticingly seductive or a terrifying figure, La Llorona persists as the image of a woman who willingly and unwillingly fails to comply with feminine imperatives...she reflects a cultural heritage that is relentless in its expectations of feminine roles.

(13, p. 33)

One might ask, how can these ephemeral ideas, these intangible concepts -- the cult of machismo, the myth of Malinche -- be translated into tangible reality? Let us first look at what these "ephemeral ideas" suggest.

The cult of machismo could suggest that (1) women should have a subordinate role to that of men; (2) men should be allowed more freedom and privilege; (3) men should be aggressive in their attitudes toward women; (4) premarital chastity is an imperative; and (5) an unmarried woman who gives herself to a man sexually could be labeled as a whore.

The myth of Malinche could suggest that (1) women have betrayed men in the past; (2) women are untrustworthy sexually and, therefore, interchangeable as sex partners with other men; (3) women are always open to sexual exploitation; (4) women who are subservient are saints, and women who are disobedient are equated with betrayal; (5) women must not stray from their proper feminine roles; and (6) if a woman strays from her role she will regret it.

OBSERVATIONS

Now let us look at what battered women say, which indicates that just such attitudes are at work. The first three cases suggest that the cult of machismo is in effect. The first case is that of a 38-year-old woman who I will call Carmela. Carmela had been brought to the shelter from the hospital. She had been on the critical list for some time, so severe was the beating her husband had given her. She had been near death when the ambulance had come to pick her up. All that this woman could relate at the time of intake into the shelter was how grateful she was that her husband had called an ambulance, otherwise she would have been dead. No mention of the incident was made, only that she was grateful to him.

The second case involved a 32-year-old woman who I will call Lila. She reported that her husband would beat her severely if she did not have dinner on the table as just the right time. She said that at first he would "ball [sic] her out" and a severe beating would follow.

The third case involves a 29-year-old woman who I will call Anna. According to Anna, she has yet to be forgiven, in ten years of marriage, for her sexual relationships prior to the marriage. Her husband, when they argued, often threw these sexual experiences in her face and called her "slut" and "whore."

These three cases indicate that a subordinate feminine role, the allowance of aggressiveness in men, the allowance of greater freedom to men, and the sense that premarital chastity is of utmost importance--all suggested by the cult of machismo--can be actual facts in a battering relationship.

The next two cases demonstrate the myth of Malinche at work in cases of wife-battering. Here the element of jealousy seems striking, as with the case of Anna mentioned above in regard to premarital chastity. The first case is of a 44-year-old woman I will call Rita. Rita's husband was forever accusing her of looking at men. These men could be walking on the street when she was outside gardening, be selling door to door, or just be one of the neighbors. These men could be of any age from eighteen to eighty-eight. In each instance, her husband would be polite if they were in the other man's presence, but later on, he would beat her, accusing her

of every lewd thought imaginable. It finally resulted in Rita's staying inside all the time, and only opening the front door with trepidation.

The second case is that of a 22-year-old woman who I will call Carla. Carla's husband always complained that she was not as good as his mother at anything. His mother, he claimed, did everything for him -- she cooked, cleaned, and waited on him hand and foot. His mother was a saint in his eyes. According to Carla, nothing she did could please him, and the situation would inevitably escalate into verbal abuse and violence. When she asked him why, he answered: "Because you deserve it."

These cases demonstrate the myth of Malinche--the view of the interchangeable woman, who is not to be trusted with other men and who is capable of betrayal with any man, whether young or old. At the same time, she is to be considered "disobedient"--never able to become a "saint." And ultimately, she will pay for straying from her proper feminine role. Both the cult of machismo and the myth of Malinche can, then, be very tangible in their effects on both men and women, as these cases demonstrate.

CONCLUSIONS

The cases of women which have been presented seem to suggest that certain cultural elements, taken to the extreme, are at work in an untrusting, aggressive, and extremely jealous Hispanic wife-batterer. This study is not suggesting that economic factors don't enter into the phenomenon of wife-battering. On the contrary, as the literature suggests, economic factors seem to supersede all others in this behavior. In the case of the Albuquerque shelter from which these cases were ascertained, almost all of the residents are in a lower socioeconomic income bracket. What this study is suggesting is that while economics seem to be the foundation of wife-abuse, culture also plays an important role--as bricks in the facade, if you will. Wife-battering is certainly not found only in the Hispanic ethnic group, nor is Hispanic culture necessarily pathological. The cultural elements that have just been described also have their positive faces. The cult of machismo can also be said to promote a positive male self-image, love of family, and cohesiveness among kinship groups. The myth of Malinche can also be said to promote the bond between the Spanish and Indian elements in Hispanic culture. In Rodolfo "Corky" Gonzalez' Yo Soy Joaquin/I Am Joaquin (19), Malinche is mentioned as a binding force--the mother of the mestizo race. Elements of any culture can be abused in the sense of promoting a "false culture," one which serves to justify excess and abuse and to eventually destroy the best in the culture itself.

This brief paper began with a poem, and it is only fitting to end with one.

She <Grandma> believes in myths and birds.
She trusts only what she builds
with her own hands.
She built her house,
cocky, disheveled carpentry,
after living twenty-five years
with a man who tried to kill her.

(1, pp. 11-14)

Let us hope that in the case of battered women, they will not wait the twenty-five years. Let us hope that they can learn to trust themselves and believe the myths only when they are true to the work of their own hands.

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VARIATIONS IN VIOLENCE AMONG HISPANIC GANGS

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ABSTRACT

Hispanic gang homicide in two large cities is very high. But gangs are now appearing in many smaller cities, and there is reason to believe that such violence is variable. General theories about gang violence provide few clues to such variation, and accordingly, "new" cities often rely on police pragmatism and media sensationalism. This is producing a "moral panic" now, just as it did in the 1940s when Chicano gangs first emerged in Los Angeles.

Data from a sample of Chicanos who were active in two Los Angeles gangs in the 1950s and 1970s show considerable variation in lethal violence from one subclique to another. There are more deaths in recent cliques than in those active during the 1950s, probably as a result of increased use of weapons and the desire of new cliques to outdo their predecessors, among other changes. Institutional sanctions as perceived by the respondents are not related to violence. (These include neighbors' reactions, programs, schools and police.) Some aspects of the gang subculture -- especially locura -- are related. And there is an indication that the "code of the barrio," which calls for intense commitment to the gang, is strained under conditions of violence.

Clearly, these few hints about the correlates of gang violence call for further research, especially in the "new" gang cities, to provide a basis for programming.

Variations in Violence among Hispanic Groups

Until recently, youth gangs have been associated only with very large cities. In several of these cities Hispanic gangs are involved in serious and lethal violence. A study of gang homicides in Chicago concluded that "the problem of gang violence, based on individual level gang homicide data from the period 1978-1981, is primarily a Hispanic problem" (1, p.216). And in the city of Los Angeles between 1970 and 1979, gang killings accounted for 16% of all Hispanic homicides (but no more than 7% of homicides in other ethnic groups). This was more than twice the number statistically predictable. In all other ethnic groups gang homicides were well below statistical predictions (2). (See also Reference 3 for East Los Angeles gang incidents between 1975 and 1980.)¹

During the past few years, there has been a resurgence of gangs in smaller and medium-sized cities. Almost all involve minority youth. Many are in the West and Midwest, and include Hispanics. In almost all cases, these new gangs are also reported by police to be violent (4). But we know little about the variations in gang violence and perhaps even less about the group context for gang violence. In this paper I will present data bearing on these topics.

Theories about Gang Violence

The theoretical perspectives available to understand violence in gangs derive largely from the 1960s. They were never very useful in understanding Hispanics; they are even less useful in understanding gangs in these "new" cities. Some assumed that youth gangs are casual and rather fragile groupings. Yablonsky (5), for example, generalized that the violent gang is a "near group" with little cohesion, shifting membership and pathological leadership. Gang violence thus becomes a manifestation of collective behavior.² But the Chicano gangs we study in Los Angeles are quasi-institutionalized, not casual.

The most notable subcultural theorist of the same era, Walter B. Miller, argues that the gang is a reflection of "the focal concerns of lower-class culture" (6, p.18), equally stereotyping both the gangs and lower-class culture, and ignoring any ethnic context.

In particular, there is a revival of Cloward and Ohlin's classic (7) typology of gangs (8). Their basic concern with community variation was an important breakthrough, and is still very appealing. But the details are simply not convincing in modern circumstances, especially in "new" gang cities. The heart of their argument is that "criminal" gangs are quite different from violent (or "conflict") and "retreatist" gangs. All these types of gangs arise from disparities between aspirations and opportunities in poor communities. Therefore, the local neighborhood comes to be of prime importance in determining which of these three subcultures will emerge. Violent gangs are to be found in slum areas that are unorganized, unstable, and transient. (Stereotypically, these would be the massive housing projects of large Eastern cities (7, p.172). Such disorganized communities, they say, do not offer the structured criminal opportunities available to young people in the older slums that have developed a criminal infrastructure. But even this portrait of the "criminal slum" is dubious because it is drawn from studies done in Chicago in the 1920s. The "retreatist" or kick-oriented drug-using subculture, they claim, is developed

by those individuals or gangs who "have failed to find a place for themselves in criminal or conflict subcultures" (7, p.183). The empirical bases cited for this generalization are slight and remote from areas of Hispanic concentration.³

It is clear that this typology is useless in understanding the Chicano gangs of Los Angeles. Los Angeles barrios are not stereotypically "disorganized," nor are they communities in which criminal and noncriminal elements are integrated into a stable illegitimate opportunity structure. Nor do the drug users form gangs separate from the fighting gangs (9). Even in Chicago, Horowitz (10) reports that while the Chicano community may seem to outsiders to be "a typical slum," to its residents it is a "close community," which also happens to support eight gangs. Padilla (11) reports similar findings for the Puerto Rican Division street community.

In the absence of useful information from the social sciences, cities faced with "new" violent gangs turn to the accumulation of observation and advice developed by criminal justice agencies in the large cities (12). However, some recent studies indicate that the police definition of the gangs strictly in terms of their members' crimes may actually exacerbate the problems (13). Thus what Zatz (14) calls a "moral panic" is created. This occurred both in the past and more recently about Hispanic gang violence.

There is no doubt that this happened in Los Angeles some 40 years ago. Throughout the 1920s and 1930s, newspaper accounts of "gangs" referred to Eastern racketeers, not Mexican-American teenagers.⁴ And in the Mexican tradition, "gangs" were not necessarily delinquent. Barrio-based aggressive male youth groups appeared in town and rural life in Mexico as far back as the 19th century (15). In rural Texas, they appeared as "palomillas" (16), and continued in American cities, attached to specific neighborhoods or barrios, as in Mexican cities. Thus in the 1930s the precursors of the Los Angeles gangs we studied were groups of respectable young men. In fact, in one of the neighborhoods, the 1940s predecessor of the gang was attached to the barrio church and called by its name.

But at about this time, the Chicano gangs began to be defined in the media as a "menace." The so-called pachuco fad swept the second generation youth of Los Angeles. Soon after, a gang-related killing became a cause celebre. There was heavy-handed police reaction and sensationalist media coverage. As a consequence there was an intense reaction against the gangs. Soon afterwards, in the short but ferocious zoot-suit riots, racist feelings were rationalized by alarmism about "pachuco gangs," and Chicano gangs were firmly stereotyped as inherently vicious (17-20). Over the next decade, they were identified as "rat-packs," and media coverage never ended. It focussed on gang violence, naming the gangs, and reporting even minor skirmishes. Police attention continued, and, in time, the gangs became institutionalized in these communities as quasi-oppositional structures, rather than as everyday youth groups (21).

A similar pattern can be observed recently in Phoenix and in Milwaukee (13,14). There is the same mix: sensationalist media publicity about violence and heavy police reaction. Police disseminate their own versions of gang structure. Usually this is closer to a military model than to the "near-groups" of some sociological theory, following the general impression

that gang violence can be equated with intergang warfare.⁵ In fact, in Phoenix, police explicitly compare the Chicano gang structure to a "military pyramid" with veteranos called "chiefs of staff," vatos locos called "commissioned officers" and "TJs" called "draftees" (22). The analogy is ludicrous, at least from the evidence of Los Angeles Chicano gangs.

A punctilious study of Phoenix Chicanos who were committed to the Arizona Department of Corrections between 1981 and 1983 shows that gang boys have a profile very similar to that of non-gang boys, and are only slightly more likely than non-gang boys to be arrested for fighting (14). The author concludes that the city's concern about Chicano gangs is highly exaggerated, an unfortunate convergence of media and police hyperbole and of general uneasiness about Chicanos as "outsiders."⁶ Hagedorn's (13) extensive study of Milwaukee's gangs reports that -- contrary to sensationalist media and police imagery -- Puerto Rican gangs make major efforts to avert the violence so characteristic of their "parent" gangs in Chicago.

Gang members generally want to be considered ferocious, and the media generally accommodate them. But, as the Phoenix research indicates, the image of ferocity is often overdrawn. What is considered "violent" also shifts dramatically over the years and from place to place. Los Angeles Chicano gangs of the 1940s gained a fearsome reputation for violence, but, like today's gangs in Milwaukee and Phoenix, their reputation was derived from many highly publicized incidents of fighting rather than from killings.

Findings from East Los Angeles Gang Study

It is clear that we need research on these actual variations in violence from one city to another. While we do not have definitive information to offer in this paper, we do have some data, recently collected, that cast some light on Los Angeles Chicano gangs of the 1950s and the 1970s. We find considerable variation in the levels of lethal violence from one clique to another within the same gang (as recalled by their members). It is not a matter simply of categorizing a gang as "violent," but of understanding the situational and internal variables affecting the level of violence from one specific clique to another.

Sample and data. Our data are drawn from a study of eight male cliques of two major East Los Angeles gangs -- White Fence and El Hoyo Maravilla.⁷ These two gangs have been evolving for more than 40 years. Each gang started with a group of "originals," and the next and subsequent cliques, composed of younger boys, gives itself a special name. (For example, in this study, we interviewed members of the first clique of White Fence, known simply by the neighborhood name "White Fence," and also members of the second clique -- the "Monsters" of White Fence.) Between the original clique of White Fence which appeared in the mid-1940s and the clique formed in 1975, there were 14 such named male cliques. Hoyo Maravilla began in the mid-1930s and had 17 cliques by 1975. These 31 cliques were our original sampling universe. In previous studies we had collected rosters of members of each of the cliques. In this study we first stratified the cliques by date of origin. Then we interviewed men from two "oldtime" cliques from each gang and two more recent cliques.⁸

We interviewed random samples of the original members. It is important to underscore that we have a probability sample of eight cliques of two major Los Angeles gangs. Roughly 25% of the original members were interviewed, for a total sample of 106 men.⁹

Interviewers in this study (as in our previous studies) were themselves members of the relevant gangs during their youth. We have termed this a "collaborative methodology"(23). Obviously, without the strenuous efforts of such insiders, it would have been impossible either to locate or to interview such individuals. Some of these former gang members are now well-established businessmen or professionals. Others have remained in a "street" life, succumbing to heroin and spending long periods of their lives in and out of prison.

The measure of violence. In this study we deal only with violence arising in inter-gang warfare. Ideally, perhaps, the best measure of this kind of violence would be the number of deaths and hospitalizations inflicted by and suffered by any given clique over its lifetime. Our own measure falls short of that ideal. We have information only about the deaths suffered by the clique in gang fights and not those inflicted on other gangs. (The number of deaths and injuries suffered is highly correlated with the number inflicted.) But even here members of the same clique reported different numbers. Only in one clique did all of the respondents agree: in this case, no one had died.

Why is there so little firm agreement on such a traumatic event? The respondents had just refreshed their memories by checking over a roster of original members, so the most obvious reason -- that memory is unreliable -- is somewhat less convincing. There are at least four other reasons for differences in reporting.

The most common is that in a number of cases a killing may have occurred just before the respondent joined the clique or just after he left. Even in the smaller cliques, the original or founding members are several years older than the newest members, and the younger boys are still involved in active fighting long after the oldest members have matured out. Thus several gang members left the clique in their late teens to join the armed forces and never again got involved with the gang: they simply don't know about more recent deaths. Others left the neighborhood for other reasons and also lost touch with local events.

There is a second and related consideration. Some cliques are very small and last only a short time. Their members know what happened. Others are larger. One of our cliques is exceptionally large (five times the average size of other cliques) and is spread out over a large territory. It has lasted an unusually long time, continually recruiting new younger members. Thus, the clique encompasses a diverse group of men of very different ages. In the usual pattern, the group would have broken up into separate age-graded cliques long ago. The size, duration, and territorial spread of a clique thus affect the experiences of gang members with a death.

Thirdly, a few respondents seem to have interpreted the question in terms of criminal activity and answered "none" just as promptly -- and

mendaciously -- as they answered "none" when asked how many of the members were dealing drugs during the peak years of gang activity.

Finally, in some cases the association of a death with gang activity is a matter of definition. Thus in one clique, no member was killed during the course of the clique's own fights, but one member was killed when he went to the aid of the next youngest clique in one of their fights. Almost all of the respondents from this clique claimed that one man was killed, but two claimed that no one was killed. And, in fact, strictly speaking, there were no deaths during the course of this clique's fighting history. As one respondent recalls:

(How many serious injuries were there to members of the clique during peak activity?) During the peak activities, I don't think there was none. (OK, how many deaths?) Like not during that time, not injuries or nothing like that, deaths. . . .but now I am remembering that, you know, James, I think he died of an overdose or something? (No, they --) He was shot. (They shot him.) Shot, shot. But that was after, so, you know, we're talking about that period when they were in gang activities? I would say none, I would say none.

WF 002

Variation in violence among the cliques. We found considerable variation in the number of deaths among the eight cliques. The range is from zero to a high of 2.8. In all four of the oldest cliques, the average number of deaths is less than two, and in all four of the youngest cliques, the average is more than two.¹⁰

What might be associated with these variations in violence? It is obvious from the nature of gang violence that it is very difficult to generalize. Much depends on the dynamics of the group at any given time: Who is there? What is the situation? What are the reasons -- party, territory, girls? What is the other side like? Our data do not permit answers to these questions. Nonetheless, there are at least four types of variables that ethnographic insights, general sociological theory and our data permit us to pursue. These include (1) changes over time, (2) linkages with conventional agencies, (3) aspects of the gang subculture, and (4) two additional variables related specifically to Cloward and Ohlin's theory. These are the proportion of teenaged heroin users and the number of dealers during the teen years.

(1) Changes over time. When we asked our respondents whether their gang is more violent now than when they were active, the majority of older members agreed that there is more violence now, and this is congruent with our finding. Using Spearman's rank order correlation coefficient, the number of deaths is significantly correlated with the date of origin. The younger cliques have more deaths ($r_s = -.68$).

Obviously, a great many things have changed in these two barrios during the past 40 years. Older respondents point to generational changes ranging from the increase in drug use to the changes in second-generation Mexican families:

(Do you think the barrio is more or less violent now than when you were active?) It's more violent now. (Why do you say that?) Here we go back to drugs. There's more drugs. There's more drugs; there's more money available; there's more people in the neighborhood. . . And I guess the environment alone, now that they have more freedom. The parents are working, the brats are out on the street. . . They're not as restricted as they were.

HM060

One of the most common explanations offered for increased violence concerns weapons. They say that not only are "real" guns available instead of the zip guns of the 1940s, but guns are used for hurting people -- aiming at the body -- rather than just scaring them -- shooting in the air or at legs. But, one younger man said, weapons are equivocal:

(How was your clique compared to the one ahead of you in fighting? Was yours more or less violent?) I think it was easier for us to use a gun. (That would be more violent, huh?) I don't know, man, if you shoot somebody, if that's more violent than beating them over the head with a bat. (A bat can only leave you messed up. So how would you figure it? The older guys were more violent than your clique?) Like I said. It all depends on how you look at it. A lot of us are more apt to use a piece. They knew we were under age. They wouldn't do us nothing.

WF 94

In addition, older members often are disturbed at the impersonality with which guns are used. An example is the infamous drive-by shootings which hurt or kill innocent bystanders, like non-gang youth in a rival gang neighborhood or children or old people in a target house.

This escalation of violence seems to have something to do with inter-generational dynamics within the gangs. Younger members often want to match or outdo the reputation of their predecessors. A member of the second girls' clique in White Fence recalls:

(How did your clique compare to the one ahead of it in fighting: was it more or less violent?) Ah, we couldn't beat the Honey-drippers. We weren't nothing in comparison to them as far as blows are concerned. We were trying to follow in their footsteps but we couldn't compare. (And how about the next youngest clique -- how did your clique compare?) Well, the little ones were just about as bad as we were. I guess they were trying to follow in our footsteps and we were trying to follow in the other one's footsteps you see, but we couldn't compare to the Honeydrippers.

WF 91

Both White Fence and Hoyo Maravilla have had "heavy" reputations in Los Angeles. Members may easily be challenged, especially when they enter an incarceration facility, to live up to the reputation of their barrio.

But this general notion works only over the long run. It does not help us account for the often substantial variations between adjacent cliques.¹¹

We also asked respondents about whether their own clique was more violent than adjacent cliques, both older and younger. It may indeed be a gang norm to consider one's own clique "badder" than others, but our mature respondents seem more judicious. Only a little more than half claim their clique was more violent than the clique that preceded them -- and slightly less than half judge that their clique was more violent than the clique following them. Respondents from the more violent cliques are significantly more likely to believe that their clique was more violent than its immediate predecessor ($r_s = .67$). By contrast, they were not more likely to think that their clique was more violent than its immediate follower. Cliques are in fact more sensitive to the older cliques that they emulate than to the "little ones" that follow them.

It is also important that although most of the older members felt that the gang is now more violent, most of the younger ones felt that the gang is now less violent. Sometimes they were referring to their own friends, who are less involved in inter-gang conflict. But sometimes they referred to very recent changes in the barrios, ranging from increased drug involvement to gang-violence reduction programs.

(Do you think the barrio is more or less violent now than when you were active?) Probably less violent. (And why do you say that?) A lot of them are into drugs you know, drugs cuts everybody, slows them down, you know. The drug traffic is so high right now you know, the guys they ain't got time for fighting, really, you know. All they have time for is hey, man, you know, get high, you know what I mean. And then, you know, with all these gang projects, you know, a lot of the guys, you know, are slacking off, many, trying to cut down, you know what I mean. (Less violent because there's gang workers working, right? that would help?) More community workers working with the gangs, you know, stuff like that, try to cut down the violence, you know. Ah, I think it has been a big, a great success, you know, me personally. That's a personal opinion, though. . . . Once in a while you hear about it, not too often, any more. (OK, there's not too much gang banging in the neighborhood now, right?) Nah, anything happens it's over drugs, now, mostly.

HM 70

(2) Linkages with conventional agencies. Both our respondents and sociological theory suggest that if a gang is linked positively to normalizing institutions, it will be less deviant. Certainly, criminal justice sources assert that if the police are tough on gangs, they will be less deviant. Admittedly, our measures are crude, but we can find no corroboration in our data for any of these points of view (using Spearman's rank order correlation coefficients as a measure of association throughout).

We asked, for example, if the clique had a club. Half of the cliques (young and older) did have, for example, a YMCA connection or a close linkage with a nurturant teenpost. Often gang members speak fondly of such linkages and it seems clear that they had some very positive effects. But there is no statistical association between the number of deaths in a clique and the presence of a club. There is also no association between how

neighbors reacted to the gang and the number of deaths. (Overall, 20% felt neighbors were negative toward the gang.)

Gang members attended several different high schools; at least one was a school with a special disciplinary emphasis for "hardcore" youth. But there is no association between the number of deaths in a clique and the reported severity of attitudes of school officials. (Overall, 29% felt that the school administration was strongly negative toward the gang.)

Neither is there a significant association between the perceived severity of police treatment and the number of deaths. (The association is reasonably strong, but does not attain statistical significance. Overall, 70% felt that police harassed the gang excessively.)

In general, then, the actions of neither the "normalizing" nor the sanctioning institutions as recalled by these former gang members are associated with the extent of lethal violence in the cliques.

(3) Some aspects of the gang subculture. Chicano gangs have a more or less consistent set of beliefs and values that might be called a subculture. I will discuss four such dispositions here.

First, we asked "when you were active in the gang, how did you personally feel about fighting?" Some (17%) actively disliked fighting, but felt forced to do so; others (20%) felt that fighting was necessary and did so accordingly. Other's (20%) were less reluctant and were "ready for a fight if necessary." But a third (34%) claim they actually enjoyed fighting. Such men tended to be in the thick of gang fighting -- that is, may have been selectively involved in the fighting, like this man:

(When you were active in the gang, how did you personally feel about fighting?) I loved it, loved it. I was one of the first ones in. I liked to throw blows. . . . (How important was the gang to you--very important, somewhat important, not important?) Somewhat important. (Why was it somewhat important? It wasn't very important?) Well, really, only when there was a . . . only when they were gonna fight or, or uh you know, like a hit up or something. You know, you're gonna fight against another gang. I always used to. They called, they always used to call me and all that, 'cause I used to know how to punch. . . . I put down my life for them for numerous of times, that's how I got shot--five times--and knifed.

HM 127

It seemed reasonable, then, to assume that cliques in which such lovers of fighting were overrepresented would be more violent. However, this is not the case. Cliques with a higher proportion of deaths are no more likely to have a higher proportion of respondents who actively enjoyed fighting.

But, the situation changes when we turn to locura, the second value. Locura is the "craziness" or wildness that is described more fully by Vigil (24). Though in these gangs locura is often associated with drinking and drugs, it is also associated with "being game for anything," including fighting. One man describes himself:

I think I was pretty crazy, man, you know what I mean. (Muy loco?) Yeah. (What do you really mean by that?) Taking care of business, you know what I mean, ah, you knew you were doing wrong, you took care of business, and you did what you had to do, you know what I mean, to prove yourself, and that was it. (What kind of business?) A vato messed with you, or if you got jumped, well, personally a lot of guys, they didn't really know me for what I did, because I would take care of it myself, you know what I mean, I took care of it accordingly, you know what I mean. Like if a vato messed with me, you know, from another barrio, I took care of it.

HM 070

There is a statistically significant association between the number of deaths in a clique and the proportion of gang members who see themselves as "loco" or "muy loco" ($r_s = .69$). (This proportion is very high: 72% of all gang members.)

The third value is more subtle. Virtually all of these men acknowledged that they were "all for their barrio" when they were in the gang. This translates in part into a norm that homeboys back one another up in all situations, especially fights. Sweeney (3) believes that this "code of the barrio" is one of the prime sources of lethal violence.¹² But what happens to a boy who fails to back up his homeboys?

Slightly more than half of the respondents mentioned somebody who had been kicked out of the clique, usually because he was a police informer or a poor back-up in fights. But there is no association between expulsion rates and the number killed in a clique. However, when we asked if the respondent knew of somebody who should have been kicked out, we find that the more violent cliques were significantly more likely to feel that an offender was improperly let off the hook. ($r_s = .72$). (About a third of the respondents mentioned such cases.) Thus, one younger man remembered his resentment:

(Do you know anyone who deserved to get kicked out of the clique but wasn't?) Oh yeh. (Why weren't they kicked out?) He wasn't kicked out. I don't know. He left the homeboy hanging. Homeboy got cut. About 70 times. Almost died. (So you don't know why he wasn't kicked out?) Personally I don't understand it. He disappeared for a long, long time. When he came back, the people were older. They remembered him though. . . . Like anything in this world you've got a certain loyalty, a certain commitment. They're not written anywhere, but they're there. Little by little you're schooled in that area. What is right and what is wrong. By the ethics code of the barrio. The unwritten law.

WF 94

The dynamics of the gang make it very difficult to expel a member while the gang is actively involved in fighting and being harassed by the police. An expulsion invariably involves a cleavage. Even if the offense is serious the offender has close friends, and the gang must be in complete consensus about the expulsion or else face a debilitating internal fight. In one

case, it took several months of discussion before the gang expelled a member, and even then some of his friends stuck by him. A clique that is actively involved in violence cannot afford this internal dissension. Members of the more violent cliques are all too aware that the code of the barrio may in fact demand their own lives. But they must live with the offender or lose the gang.

Finally, we are interested in the members' overall evaluation of the gang experience. Only 24% claimed that the gang experience was, in retrospect, negative. We find no significant relationship between the number of deaths in a clique and negative feelings. Interestingly, almost all opposed their children becoming involved in gangs. Most of the gang members felt that they learned to meet challenges that they seemed to want their children to avoid.

(4) Variables from Cloward and Ohlin. Returning for a moment to Cloward and Ohlin (7), they argue that violence is incompatible with organized crime. Once there is crime in the gangs, the violence must disappear. It is very clear that these Chicano youth gangs are not part of organized crime and their neighborhoods have no criminal infrastructure of the kind envisioned by Cloward and Ohlin. But the basic idea that crime for profit cannot tolerate the chaos of violent gangs is worth exploring. In this connection the number of young gang members who were dealing drugs (usually marijuana or pills) varied from clique to clique. But there is no statistically significant relationship between the number of dealers listed by respondents and the number of deaths in the clique.

On the other hand, Cloward and Ohlin (7) argue that drug-users are not likely to be violent either. Supposedly, drug-using "retreatist" subcultures arise among young people who cannot find places for themselves in the violent or the criminal subcultures. But this generalization simply is wrong. Almost all members used a wide variety of drugs at parties, and 59% of these men had at least experimented with heroin during their teen years. It is true that most of these men started heroin use in their late teens and the more committed heroin users tended to pull out of active gang experience into their own subclique. Nonetheless, there is no statistically significant association between the number of teenaged heroin users in a clique and the number of deaths in that clique. Many men who ultimately used heroin were active and respected members of the clique prior to--and in some cases during -- their involvement with heroin.

Concluding Comments

The data we offer here are a very small portion of a very long interview. Yet they reflect the views of probability samples of Chicano gangs from a major city. It is certainly possible to gain some insights.

First (and perhaps most important), there is a substantial variation in the levels of violence from one clique to another in the gangs. Violence is a variable. Violence is not something inevitable and fixed with gangs.

Second, the extent of violence changes over time. Our data show a gradual increase, partly because of processes inside the gang such as the desire of younger cliques to emulate older ones. But there are also strong

hints of temporary or of perhaps permanent reversals of the trend toward increasing violence. Most importantly, the changes appear to reflect changing circumstances in the barrios. These include changes in family structure, in the drug scene, and in the availability of jobs.

It is obvious that such variables clearly differentiate between cities as well as between epochs within a gang neighborhood.

Third, there is evidence that adherence to some elements of the gang subculture (especially the idea of locura) is associated with variations in violence. One clique may define locura almost entirely in terms of drugs, and yet in another clique it may be more closely connected to violence. It may be important to be able to account for such variations within the gang subculture.

Finally, there is also evidence that the gang subculture (or the "code of the barrio") can be seriously strained under the pressure of normal adolescent experience when the barrio gets involved in lethal or near-lethal violence. Most youngsters join a gang for a variety of reasons, and for most of them the fighting is only one element in a spicy mixture. Even when the fighting produces serious violence, the boys still want to date girls from rival gang neighborhoods, hang around and party rather than fight. They will run away from fights, and they will argue for their friends and relatives to stay in the gang even if they do violate the "code of the barrio." The Chicano youth gang is not a military organization. It is a group of teenagers, and the group clearly is strained by extreme violence.

What, then, do these findings imply? It is obvious that we need more empirical understanding of what gang processes lead up to or avert gang violence. This is particularly urgent in smaller cities where gangs have appeared just recently. The police will probably continue to see gangs as quasi-military organizations, but reality is not that simple. Social scientists must offer a more realistic, more rounded view of a very special form of social organization, and a view that is related to prevention of violence, not just reaction to it. Police equate gang membership with criminal activity, and this legitimates them as the exclusive agency to deal with complex social and economic problems in our inner cities. Excessive reliance on the criminal justice system invariably places gang members in prison, often for acts that could well justify diversion to community-based programs. Once in prison, gang members are immersed in a violent environment, which further enhances street violence once they are released. Reacting to gang violence only with public violence is a dangerous mistake.

FOOTNOTES

1. Even though black homicides were more than double those of Hispanics during these years (2265 as compared with 1096), three times as many Hispanic individuals as black were killed in gang activity (175 as compared with 59).
2. Several more substantial studies of the same era argue that gang cohesiveness varies, but imply that the normal condition of the gang is one of low cohesiveness (25).
3. Cloward and Ohlin's work inspired considerable research. One notable study (26) purported to confirm the connection between neighborhood type and gang subculture, but another (25) found no specialization -- criminal, violent, or drug-using -- among the Chicago gangs they studied.
4. This statement is based on contents of the gang clipping files of a major Los Angeles newspaper.
5. Miller's (6) observational study of gangs indicates that less than half of all incidents of violence involving gang members related to inter-gang assaults.
6. Straus (27) also suggests that teen-age violence is exaggerated because it is "perceived as a threat to adult authority," which generates a "pervasive...anxiety" that is disproportionate to the physical threat.
7. Every few years a new clique, or cohort, forms in the gang as young, would-be members find themselves rejected by older members and decide to form their own clique. Each clique has a name and a distinct identity; when the gangs fight each other, it is actually members of the named cliques who are involved, and the fight becomes part of that clique's special history. The clique is the more intimate membership group, and the gang is the larger membership group. The term (and its Spanish counterpart "klika") does not refer to subcliques of "tight" friends. In some gangs -- though not the ones studied here -- members "graduate" from one clique to another.
8. The two "oldtimer" cliques from White Fence started, respectively, in 1944 and 1946; those from Hoyo Maravilla in 1946 and 1950. The two "new" cliques from White Fence started in 1968 and 1972, and the two from Hoyo Maravilla started in 1964 and 1967.
9. The research was supported under grant number DA03114 from the National Institute on Drug Abuse. We also interviewed probability samples of 51 women who had been involved in the girls' cliques.
10. We coded all mentions of five or more deaths as five because it was our impression that in most cliques respondents who named five or more deaths were exaggerating. However, this may have resulted in an underestimate of the number of deaths in at least two of the cliques -- the largest clique and the most violent clique.

11. The general impression that gang violence is cyclical may be misleading in that it is often based on aggregate gangs of differing ethnicity, and -- over several decades -- even a vastly different set of gangs (28, p.77).
12. A number of authors have been intrigued with the prosocial potential of this "code," including Sweeney. Frias (29), a former gang member, discusses "negative" as compared with "positive" machismo. And Erlanger (30) was optimistic about the capacity of the Chicano movement to divert gang energies away from inter-gang warfare. The emergence of Chicano prison-based self-help groups (pinto movement) certainly lent support to such hopefulness (9), but they have virtually disappeared.

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STREET SOCIALIZATION, LOCURA BEHAVIOR, AND VIOLENCE AMONG CHICANO GANG MEMBERS

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ABSTRACT

Chicano gang violence is nurtured in the context of street socialization experiences and facilitated by locura (wildness or quasi-controlled insanity) patterns of behavior. Such socialization and locura behavior varies tremendously among gang members, and in large part accounts for the individual difference in level of commitment to and involvement in gang violence. Pre-adolescent barrio youth who especially spend most of their childhood years unsupervised in the streets under the influence and direction of older peers and relatives early on learn many coping street habits and customs. Under such conditions they learn to deal with many new realities, and most important, how to manage the sense of personal fear engendered by street life. Of the many values and norms of groups life--e.g., loyalty, protection, emotional support, and camaraderie--that are internalized at this time, locura is a mind-set (i.e., thinking and acting in a daring, courageous, and especially crazy fashion in the face of adversity) that aids such fear management. As a result of problematic personal and family backgrounds, some individuals in gangs are filled with anxieties, frustrations, and aggressions that tend to find a ready outlet in loco acts and locura behavior generally. When adolescence is reached, these individuals are particularly prone to demonstrate locura behavior in violent acts against rival gangs or individuals. Other adolescent gang members with less problematic backgrounds and intense street experiences often find that they must now cope with fear at two levels: fear of the streets generally and fear of peers specifically. Thus, in this climate of fear, locura dominates street life and encourages gang members to think and act (some with ease and others with trepidation) like "vatos locos" (crazy dudes). Much of the gang-related violence is inspired by locura standards and expectations, with veterano regular gang members (i.e., problematic backgrounds and street experiences) providing the role models and coaches for younger, less committed gang members.

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Many factors aid our understanding of Chicano gang violence, especially the widespread barrio conflict that results in several hundred homicides a year. Social and personal features linked to this violent behavior can be traced through a life of a person. In an ethnographic study conducted in the late 1970s and early 1980s, over 60 life histories were gathered from various types of gang members (e.g., regular, peripheral, temporary, and situational) from urban, rural, and suburban barrios. These life history accounts show that early street socialization and the enculturation of values -- especially locura (wildness or quasi-controlled insanity that reflects a reckless, violent orientation) -- which mark gang life strongly influence gang violence. Some individuals' lives show a marked association between time on the streets and early wild mischievous activity. In large measure, the differences among gang members and among barrios in violent behavior can be gauged by such street socialization and enculturation experiences.

The aim of this paper is to outline how some barrio youth learn from significant others, the ways to act and think in the context of street realities. This begins in early childhood and reaches a high point when an age/sex identity crisis erupts during adolescence. It is then that the more group-oriented pre-teen activities coalesce and merge into that of the street gang, and in most instances it is a continuous process. For some individuals from particularly problematic backgrounds where demonstration of wild behavior is more common, these often occur in tandem. Other gang members have less severe stresses in their backgrounds and thus reflect a commensurate lower level of street experiences and propensity toward wild activities. Nevertheless, the latter must still maneuver their way through adolescence when the gang peers assume an added influence. Variances notwithstanding, gang members become the street socializers and inculcators of values, namely locura.

Street Socialization

The streets have become important for many reasons, but generally it is because some individuals with particularly tarnished, traumatic family and personal backgrounds have had to spend most of their lives there. As a result, these individuals have dictated the behavioral and attitudinal traits of the streets. Street realities have helped them create and perpetuate a street culture and a locura mind-set. Often these patterns are learned in the home, if a person is raised in a family with a longstanding street reputation, but more often it is the peers on the streets who guide the behavior (1).

There is a clear structural explanation for why the streets have taken over. Living in the barrio with its long history of racial discrimination and exclusion, its isolated and visually distinct appearance, and the rampant poverty that has created an underclass with especially strained family situations (e.g., low income, larger size of families, smaller, crowded homes, stress-ridden households) -- all these factors have operated to make the streets an arena for social interaction and learning. There is a wide contrast in the backgrounds of regular, committed gang members and of those barrio youth who are not in gangs (and even of some who are fringe members). Regular gang members are generally raised in poorer homes, in disproportionately mother-centered

family situations with more siblings, and with problematic impoverished economic pressures (unemployment and welfare) (2-3). Gang research findings generally show that "gang neighborhoods are female-based in the home and youth-dominated on the streets" (4, p.65). Such situations and conditions make for street socialization practices and street enculturation processes.

Conventional social control is often disrupted under such strains. In large part, early childhood indications of deviant activities (e.g., running away from home, petty shoplifting, and street fighting) stem from such conditions. The streets have become the arena for what is learned and expected by others to gain recognition and approval. In short, "it is the process by which (a person learns) the ways of a given social group and is molded into an effective participant" (5). Gang members reflect an early and continuing street socialization and enculturation experience.

The street imposes its own reality on these youths. Unprotected and unsupervised, they must learn to fend for themselves and contend with similarly errant peers and, worse, older males who sometimes are in their early teen years. Drug and alcohol experimentation often occurs at this time. Wandering beyond the confines of their homes and barrio, youths also have to learn how to survive fear-inspiring situations, particularly if they encounter strangers (mostly other youths like themselves) who approach them as fair game. Thus, street peers, some slightly older and a few in their early teens, become the major agents of socialization to help one's adjustment. Further, much of what occurs at school and on the streets with peer associates has a reinforcing quality to it, as the friends one makes on the streets and the activities that are learned there often carry over into the school setting; conversely, they associate with schoolmates who have had similar troublesome educational experiences. Street socialization provides personal and social avenues and goals that sometimes include deviant activities, such as vandalism and petty shoplifting, although the bulk of the socialization is "kids learning from kids."

Early bonding associations later prove useful in gang affairs because of the mutual trust that is established -- especially in backing a person up in case of trouble. One 8-year-old said that even playful activities like riding "go-carts" miles from the barrio were recalled by gang members as the times they learned to depend on each other. But even at this early age, the bonds of trust also include learning how to fight. A male from El Hoyo mentioned one such example in an interview: "I just moved into the projects and my cousin was bragging about me to the other guys, saying I could do this and that and beat them up. . . . Anyway, he fixed me up to fight Pelon." Even though they were mostly mischievous and liked to play regular games, like baseball and football, they often participated in group shoplifting forays for equipment. Look-outs, decoys, and a tough appearance were then utilized by them to acquire those goods.

Staying out late and running in front of cars to make the brakes screech was considered fun for one 9-year-old. He was also egged on to fight, and take "bennies" and drink beer to show the older guys that he was tough. Stealing money from relatives or other adults to buy ice cream and other sweets to share with friends became a common habit for one 10-year-old, and a friend suggested that he steal some spray-can paint to sniff.

It was his first time to experiment with this intoxicant, and thereafter he did it on a regular basis. Such patterns of mixing playful activities, bolstering camaraderie, and learning from friends with wild, harmful habits are common.

As we will note later, such a mix of mischief and deviance was not simply learned from friends, or gained by friends leading them astray, for many individuals had a propensity to participate in such activities, even to enjoy them. Nevertheless, this tendency toward reckless behavior can be inferred to be a type of early induction to the valuing of locura as a way to survive the streets, and especially to gain the support of street peers.

Streets, Adolescence, and Peers

Street socialization takes on new dimensions during adolescence, for age and sex developments, as Erickson noted (6), become ambiguous and problematic. This identity crisis is exacerbated because there is an intensification of the aforementioned structural and environmental stresses that induce certain minority street youths to become school drop-outs and thus provide them with more time for street affairs. Lacking training of any sort, too young to fill most jobs, and facing the paucity of employment opportunities for low-income minority youth populations generally -- all these are compelling factors for such youth to join in and follow the gang patterns. Such intensification also applies to the degree of fear that they must manage and the adoption of behavior that allays it.

Gang members' stressful family situations, especially the disproportionate female-centered or transient male adult model ones, make the street gang even more important as a source of age/sex identity resolution. Since street survival takes precedence, a strong male role must be adopted or created. A male, 23, from El Hoyo Maravilla stated that: "Chingazos (blows, fighting) is a way of life here." Thus attitudes and behavior that stress "male" survival traits are internalized by youngsters to aid this personal dilemma. An aggressive "masculine" construct becomes a key factor in further street socialization. The sources of these attributes are usually non-family male street models. Personal needs become linked to social environmental patterns.

The regular gang members with the most problematic lives and early street experiences are the ones who set the tone for other members. They set the standards for mimicking, and often their cholo life style of gestures, walk, and speech are followed by others (sometimes younger novitiates even take on the older males' nicknames like "Li'l Wino or "Li'l" Loco). The younger members need to acquire a strong image to show commitment and allay skepticism as to their involvement. As one male from White Fence said: "I wanted to do it because I wanted to be a tough guy. I was always trying to impress people." In short, he acted thus because he had to and because he wanted to.

What is initially loose socializing among childhood playmates now takes on a more serious intent during adolescence. There are formal and informal socialization practices that affect gang novitiates' thinking and behavior. Urban gangs have traditionally instituted rites of passage

routines (7) to monitor and direct these personal changes. Generally, an individual can measure up to these expectations by committing acts of "manly" bravery, daring, and courage under regular street conditions. Fighting with rival gangmembers or even less severe conflicts with friends is considered tantamount to showing your "maturity." Sometimes criminal acts (e.g., shoplifting, muggings, burglaries, grand theft auto, and so on) are conducted to demonstrate this commitment, although such behavior is not that common and is dependent on the habits and customs of particularly prodding delinquent peers and/or a barrio at a point in time.

Chicano gangs have fashioned their own stylized gang initiation ritual. The procedures and intensity of such affairs vary from gang to gang as they do in application to new members. Some members, particularly the fringe types whose commitment may be suspect, are accorded a rather stern treatment. Long-term street participants, on the other hand, are sometimes only symbolically inducted, as in the case of one very committed street loco who was subjected to one chingazo (blow). The essence of the initiation is a physical beating, usually by a group (two or three individuals or a gauntlet) who surround the novitiate and beat on him for a minute or two. All chingazos and patadas (kicks) are permitted by all parties during the procedure. When the ordeal is complete, there are bruises and abrasions for the initiate to show as a sign of his toughness. Severe beatings are rare in such circumstances. It is at this point that the personal need to show a male trait, toughness, bridges with the social requisite for fighting ability that street gangs demand. In one swoop, an individual shows toughness, manliness, and commitment to gang patterns. As one male from Varrio Nuevo said in an interview: "I guess I took an ass whipping to be able to back up the barrio."

In addition to the street stresses (e.g., fear, survival) that necessitate a ritual, cross-cultural evidence suggests that rites of passage for males are common in societies that have situations which engender cross-sex identification, such as in this instance where street males are disproportionately raised in mother-centered households. Burton and Whiting (8, p.94) state that it is "clear that the gang is an institution with a function similar to that of initiation...in those societies with conflict in sex identity." Thus regular gang members have as their formal aim for new gang members the inculcation of role-playing skills and attitudes that contribute to the control and dominance of the streets, where all parties benefit.

Most of the time with gang street peers is spent in having a good time, either drinking beer or wine, smoking marijuana, and participating in recreational events (parties) and sports (handball, football). These can be labeled group activities and when they take a deviant form they become gang activities. It is the latter, less widely accepted activities, that have gained the public's attention. Part of this gang pattern derives from tradition (i.e., gang lore and mythology, intergenerational influences) and the other part from technology (i.e., movies and television imagery on violence, availability of guns, and mind-altering chemical substances). Such destructive socially damaging habits are what make adolescent passage for Chicano street youth so distinct, for there is an aura of death that pervades drug use and abuse and barrio gang rivalries. Although participation in such habits enhances one's status and recognition, for

doing these "gang" things shows dependability and "huevos," it is clear that conditions conducive to street socialization and its processes have altered adolescent "storm and stress" dynamics. Most youths, albeit begrudgingly, resent the detrimental effects of this behavior, as something they are compelled to do. These thoughts demonstrate, as Edgerton (9, p.444) has noted in his study of deviance generally, that individuals and group who engage in such behavior must be viewed not as "freaks in a side show," but as "principal performers in the everyday dramas of life." In the case at hand, the performers and dramas are on a street stage" where demands require different roles.

Streets, Fear, and Toughness

Enculturation to street values and customs proceeds apace with youths' social interactions and networks. In socialization theory "(social) experience is held to produce (psychological) motivation for subsequent (social) behavior" (10), and it is this process that actualizes the propensity toward gang violence. Of major concern for street children, as noted, is how to manage the street incidents of aggression and situations of unsupervision that inspire fear. If an individual is personally ill-equipped to confront these pressures head-on, then other mechanisms must be devised. Under these circumstances, one street requisite is knowing how to think and act "tough". For some individuals, it is the hard knocks of life that have made it easier for them to be tough, such as getting beat up by street toughs, not having anyone to protect and supervise them, and generally learning how to care for themselves. It is at this stage that alliances and associations with other similarly detached peers, some often older, are made as a collective resolution of fear management--it is through numbers that a "toughness" is forged. Particularly adaptive for the weaker and less toughened youth, these group affiliations aid their fear management. For the regular gang members with significantly deeper and prolonged street experiences, being tough is often more than fear management. As one male from downtown Los Angeles put it in an interview:

I was born into my barrio. It was either get your ass kicked every day or join a gang and get your ass kicked occasionally by rival gangs. Besides, it was fun and I belonged.

Much of the socializing of toughness occurs in the context of emotional support (e.g., befriending an unprotected individual) and camaraderie (e.g., joint efforts to deter aggressions) which the gang furnishes. Besides it adds to the flair of adventure and daring in dangerous street situations. In a clear way, an individual shows maturity, that he is capable, responsible, and dependable, by "backing up" peers when they are in need. Some regular gang members, as locos, who became tough at quite an early age, are able to value and show success in this area and gain more status and respect; oftentimes, this may be the only high point in their lives. For the weak, frail gang members, the path towards becoming and acting tough and loco is even more important, for they must strive beyond their normal capacities to gain prestige and recognition. By extension, the use of and reliance on weapons furthers this objective.

Especially during adolescence, if one is not tough already, there is a strong motivation for some individuals to adopt behavior patterns that evince toughness. Showing that one is uncaring, hard, and rough might initially be distasteful and incomprehensible but one quickly learns that such attitudes are requisites for gang membership. Acting "bad" (a trait meaning tough and other desirable things, especially as valued by peers) stems from identification with gang members who are particularly aggressive, fearful, and "bad". Thus to alleviate the fear and also to gain acceptance by gang members, one is forced to act in this way even though it is a task filled with anxieties and apprehensions. Destructive and violent gang actions often are nurtured in this climate of wanting to "prove" oneself (11, p.206).

The protection and support of groups, among other factors, are key elements to street adaptation and the enculturation of street values. An individual must join the "set" (a term used to mean their street group) to survive known and expected threats of other barrio "sets." Growing up in the barrio, establishing early ties with peers, and learning to back friends are experiences that facilitate submersion into the gang value system.

Locura and Violence

The culmination of all the street experiences is the shaping of a mind-set of locura. It is an attitude that is deeply internalized by some gang members, especially the regular ones, but is equally instrumental as an attitude that can be adopted as circumstances dictate. Thinking and acting loco is like playing with insanity, moving in and out of crazy, wild events and adventures, showing fearlessness, toughness, daring and especially unpredictable forms of destructive behavior. This state of locura applies equally to situations with fellow gang members. As one 20-year-old male from East Los Angeles said in an interview: "I used to do these [loco] things; that way they [his comrades] would watch me more carefully." Especially useful, however, is the locura mind-set in gang-banging affairs, events which often are participated in more wantonly when an individual is "loco" on drugs and alcohol. As noted, some confirmed "vatos locos," as loco actors, can convincingly and smoothly manage this mind-set, while others act only when peer pressure or situational circumstances, especially street-based, dictate loco behavior. This difference reflects the distinction Edgerton (9) makes between deviant persons and deviant acts in his study. As an example of the latter, one male from El Hoyo Maravilla stated in an interview: "I was afraid but I couldn't be afraid. My head goes like a T.V. set that has poor reception with a lot of static and I got real mad and was pounding his head against the cement." Another youth from Ontario was designated driver of a car for a "drive-by" shooting of another barrio and recalls the feeling as one of suspended disbelief and remembers only that "as we got closer, my heart started pumping faster. I don't know who exactly fired the gun...I just kept going faster." Similar feelings and thoughts were expressed by other gang members on such events as shootings, knifings, beatings, initiations, and even at parties and cruising sorties.

This psychosocial mind-set has become a requisite for street survival and a behavioral standard for identification and emulation. It clearly

helps assuage fear, for the fight-flight dilemma (and even the middle ground of fright) is resolved by the gang whose members collectively value locura as an escape or safety valve from this anxiety. There is also a practical, perhaps more important facet to locura. A loco is sometimes a highly valued property of the gang, for this person can singly match (or stop) the challenges of rival barrios or function to rally and incite other less loco-prone members to rise to the occasion. In one instance, a male from Carmellas (Norwalk) credits locura bravura with saving his life: "Los Nietos came into our house (at a party) and busted it up. One vato aimed a rifle to my head and looked at me, waiting. Then he asked me what I was thinking of. I said (with a stoic look, without showing signs of fear), 'El Fin' (the end)."

Loco actors and locura incitement, however, can also be considered by gang members themselves a very negative thing if only trouble (endemic shootings from rival barrios and generalized antipathy toward their barrio) is in the offing. Gang members often have to collectively impress on an overzealous loco (who undoubtedly is considered crazy by his peers) to calm down and remain relatively peaceful.

There is a tremendous range of locura behavior among individuals within a barrio and between barrios. This difference is seen in the lives of fringe gang members, who have moderately problematic backgrounds, but who are still influenced by the gangs to act loco. This is also a common occurrence in areas of Los Angeles where immigrant youths have had to adapt and adjust to the street gang style; one Latino youth even said that gang-banging (fighting) is like "showing you are American," or assimilated. Nevertheless, the most loco individuals have usually experienced a problematic life since childhood, undergoing emotional insecurity due to the aforementioned stressors. Having internalized feelings of self-hatred, fed and intensified by feelings of personal worthlessness and generally the worthlessness of others, they constitute a sort of "psychosocial death."

Chico, 16, from Loma (hill) in East Los Angeles is a classic instance of a psychosocial death. His early life was affected by all of the structural and barrio stressors mentioned earlier (e.g., low income, 11 siblings in a 2-bedroom household, unsympathetic stepfather) and he had very intense street socialization experiences. Big for his age at 9 years (he was 5' 10" at 16 years), he was already hanging around with older high school males who regularly shaped his thinking and behavior. In fact, he was "jumped-in" (initiated) into a klika (clique, cohort) at this early age and was so tough in fighting back the initiation aggressions, he was jumped-in three times that day. Later, at age 14, he was jumped-in to an older, tougher klika because the members of this group sought his loco, fighting ability. As he stated in an interview: "By 15 I was getting high all the time and gang-banging with the vatos from Arizona" (a rival gang). Already deeply involved and committed to the gang, after the death of his mother, the only person who (he said) loved him, he turned more loco. He described this period in his life: "I was very close to my mom. She got sick and I used to visit her at the hospital. One time I saw her at night. At 4:00 a.m. they called my (step) father to tell him my mother died. He wouldn't tell me until later that day. I went to the barrio and got locote (crazy on drugs and alcohol) and cried. I was like that for a month. One day I got myself a bat and went into a bar and told the dude to

give me the money. He wouldn't, so I hit him on the head and broke his jaw. I hit a couple of customers and got the money and ran out." Immediately after, he was apprehended for strong-arm robbery and sent to a youth institution.

Tico, a 22-year-old from Pico Viejo, is another example of a confirmed vato loco. There were a number of unsettling situations in his early life -- broken family, raised in foster-homes, unstable and stressful street socialization, and many fearful childhood incidents. When he was 9 years old, he even received a street beating that affected him deeply: "When I was little they didn't care how smart you were or how young you were. They would beat the heck out of you, and I tripped out on that." Upon entering junior high school he had already become a street cholo: "I'm going to start doing what I want like all of these other guys." In his case, a locura mind-set was easy to affect, as were all the other cholo appearances. He thought himself a "fuck-up" since he was young, and by the age of 14 he had also become a loco actor, "not scared of people, not scared of nobody."

Chico and Tico characterize the ways that personal and social background conditions shape anti-social sentiments. In their minds, the mistreatments and aggressions they have experienced become internalized to the point where a state of locura is maintained. Since the streets and street peers were crazy toward them, it is a relatively easy matter to redirect that attitude toward themselves or others. As an affirmation of the significance of this motivation and behavior, countless barrios have members with nicknames glorifying this value, such as: Loco, Killer, and Psycho (Cycho).

At the other extreme are the individuals mentioned earlier who only affect loco behavior situationally, as the "drive-by" shooting incident of a male, 18, from Ontario, showed. In this case, as well as many others, it was the peer pressures of the moment which generated his loco act. Anxious and apprehensive, he joined in and carried out his role in the affair, but felt much dismay in the aftermath, even wondering how he was able to do it. This is a common tactic that regular gang members use to force conformance to locura. Since locos set the standards, and push, tease, dare, and stimulate others to follow, it is they who decide when a test is required to determine commitment to gang norms.

As noted, most of the street youth experience a certain amount of anxiety and trepidation about locura behavior. A combination of factors usually facilitate loco displays of behavior, such as: how intense is the motivation to prove oneself in the eyes of tough gang members and gain their approval, what amounts of drugs and alcohol have been consumed to help get a "crazy" start, and the time and place of the affair (e.g., right after a rival barrio's drive-by shooting of the local hang-out and the immediate reaction of the loco gang members is to tell all present to join in a drive-by retaliation that moment). Such motivations, situations, and substances are present in the locura scenarios in most barrios. Some individuals need only experience one such incident to disavow embracement of locura, as in the instance of a Chino youth who witnessed a stabbing, and thereafter was able, with some amount of fear of his peers' disapproval, to avoid the gang.

Even without the pressures of locos to conform and the valuing of locura generally, there is a problem with high rates of drug use and alcohol consumption among street youth. These habits often, as noted, create their own crazy momentum to affect loco actors and loco acts. Many individuals have sworn off such substances because they know they are more susceptible to locura thinking and regular local gang members' prodding. One usually quiet East Los Angeles male, said that when he took reds (amphetamines), "I would become like the Hulk."

It is incorrect to think that the street socialization of locura is all that transpires in the gang. Cholos, as street dudes, also take pride in how they dress and party. Showing emotional attachments and support of ones "homies" (homeboys, from the same barrio), friendship, socializing and car cruising are attitudes and events that characterize most barrio youth patterns. Because of fear management and especially the real threats from rival barrios (and their locos), it is a practical necessity for some of the regular gang members to learn how to utilize aggressive loco behavior. Moreover, for the fringe gang member, or a "want-to-be" (who has minimal street socialization but during adolescent identity crisis strives for acceptance by tough, protective gang members), learning locura patterns is a way to gain headway into the gang. The latter may dress, talk, and act like a gang member to look tough, but they usually attempt to avoid offensive action towards themselves and others.

CONCLUSION

"If it is true that the triumphs and tragedies of the street flow into and become a part of the child, then all programs of personality change must manage somehow to change the street," said a researcher about white ethnic youth back in the 1930's (12, p.18). The additive, combinative developments in the lives of gang members, generally only 3% to 10% of barrio youth, suggest that there is a clear interplay between street socialization, locura behavior, and gang violence, especially reaching a crescendo during adolescence. It might raise some eyebrows to state that the streets have taken over because of structural conditions. These multiple conditions have altered social control institutions in such a way that children are forced to deal with the streets as a social arena. To aid this adaptation, some youths have adjusted to street realities by spontaneously creating street socialization and enculturation patterns--e.g., group support and fear management. What begins as relatively minor, group mischief activities for some youths, is intensified during adolescence when both the streets and gang models strongly influence involvement and commitment to gang patterns. If the streets are threatening and unpredictable, then an adaptational construct, in the absence of other private or public interventions, must be fashioned by the street youth to counter such pressures. Thus, acting reckless, crazy, and unpredictable, albeit deviant and violent, has served that purpose.

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LATINO VICTIMS OF VIOLENCE IN AN INNER-CITY TRAUMA CENTER

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ABSTRACT

Patterns of nonfatal injuries were assessed among persons admitted to a Los Angeles inner-city trauma center from January 1985 through June 1987. In this population comprising primarily blacks and Latinos, Latinos (defined as persons with Spanish surnames) accounted for fewer of the intentional injury admissions than non-Latinos. The leading causes of injury among Latinos were auto vs. pedestrian accidents, gunshot wounds, falls, and motor-vehicle accidents. For persons with non-Spanish surnames, the leading causes of injury were gunshot wounds, assaults, and stabbings. Among Latinos, nine males for every female are admitted for the treatment of an intentional injury. Sixteen- to thirty-five-year-olds accounted for 74% of the intentional-injury admissions among Latinos.

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INTRODUCTION

The public health profession provides a different perspective on the study of violence than those offered by psychology, sociology or criminology. The approach differs not only in the way violence is defined and measured, but in its focus on the victim rather than the perpetrator, and in its implications for prevention, as well. In this paper, I will present the preliminary results of a study that has just been completed with the support of the National Institute of Mental Health, which looks at violence among Latinos from a health-care perspective.

Public health officials have used the term "violence," traditionally, to refer to all injuries caused by a rapid transfer of energy that results in tissue damage or the sudden interruption of energy management necessary to maintain life. Accordingly, the term "violence" has not only been used to refer to homicide, suicide and nonfatal assaultive injuries, but it has also been used to refer to motor vehicle accidents, falls, fires, drownings and poisonings (1-3). In 1980, with the addition of the supplementary classification system of external causes of injury and poisonings (E-Codes) to the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) it has become possible to classify injuries by intentionality (4).

The public health "host-agent-environment" model provides a dynamic approach for conceptualizing violence prevention and intervention strategies. While this model is typically applied in a narrow sense, applied broadly the host-agent-environment model encourages us to consider, simultaneously, characteristics of the victim, mechanism of injury and social environment which are alterable (5-7).

The use of epidemiologic research methods allows us to identify the risk of violence victimization in given subpopulations. Application of public health measures such as "mortality rates per 100,000" and "years of potential life lost prior to age 65" (YPLL), together with clinical assessment measures such as the Injury Severity Score, Trauma Score, Glasgow Coma Scale and E-Codes, provide much needed descriptive parameters which will enable researchers and others interested in the study of violence to communicate and compare their findings.

While the public health perspective provides a useful approach for understanding violence and violence prevention, to date its application has been limited almost exclusively to the study of homicide. This study is one of the first to include nonfatal intentional injury admissions.

Study Area

The Los Angeles County Martin Luther King, Jr., General Hospital is located in south-central Los Angeles and is designated a Level One Trauma Center in the Los Angeles County trauma system. The hospital serves a defined catchment area of approximately 500,000 people who reside in the South, Southeast, and Compton Health Districts of Los Angeles County. The lack of other similar health-care facilities in south-central Los Angeles, the low socioeconomic status of the region, traditional utilization patterns of low-income communities, the hospital's designation as a Level

One Trauma Center, and its participation in the emergency medical transport system, together ensure that Martin Luther King, Jr., General Hospital is the facility of first and last resort for persons who suffer major trauma within the catchment area.

The three-health-district area includes the communities of Watts and Willowbrook in addition to the City of Compton. The area is characterized by low levels of educational, socioeconomic and health care status: 50% of the population has less than a twelfth-grade education, 28% are under the official United States poverty level and the median age is almost six years younger than the County as a whole: 24.0 vs. 29.8 (8). In addition, the ethnic composition of this geographical area according to the 1980 U.S. Census is 60% black, 30% Latino, 2% Asian and 8% white and other.

South, Southeast and Compton Health Districts rank one, two and four, respectively, among the 25 Los Angeles County Health Districts for deaths attributable to intentional injury (E950-978). The three-district average mortality rate per 100,000 for homicide and suicide (1983) is more than double the county average (71.0 vs. 29.7) and more than triple the national average of 20.6 (8,9).

METHODS

Procedures

Data for this study were collected from the official Los Angeles County Martin Luther King, Jr. General Hospital (MLK) trauma log for the period January 1, 1985 to June 30, 1987.

For the purposes of this study, "Latino" is defined as persons identified by this investigator as having a Spanish surname. Because the overwhelming majority of non-Latinos in this geographic area are black, persons without Spanish surnames are referred to, interchangeably, as black. Intentional injury means that the primary mechanism of injury was identified, in the trauma log, as a gunshot wound, stabbing or assault with a blunt instrument or other weapon.

Data were entered by trained research assistants into a VAX mini-computer. Reliability of data was checked with the Forms Management Systems (FMS) software program, which identifies all values falling above or below the numeric limits of each variable. As no random back-check for reliability has yet been made, the data are being presented as preliminary results.

RESULTS

In Table 1, total Trauma Center admissions or visits are presented by mechanism of injury and ethnic identifier. Latinos or persons with Spanish surnames account for 28% of all admissions, while blacks or persons with non-Spanish surnames account for 72% of total trauma admissions.

The leading causes of injury admissions differ dramatically for Latinos and blacks, as Table 1 reveals. For persons with Spanish surnames, the leading causes of injury are auto vs. pedestrian, gunshot wounds, falls, and motor vehicle accidents. For persons without Spanish surnames, gunshot wounds, assaults, and stabbings are the three leading causes of injury.

Table 2 displays total admissions data by ethnicity in a slightly different manner. In this table, the frequency and percent of admissions for each mechanism of injury by ethnic group is presented. Notice the dramatic differences in the percentage of admissions for each mechanism of injury by ethnic group. Overall, persons with Spanish surnames comprise 24% of admissions due to gunshot wounds, 18% of assault admissions, and 23% of stabbing admissions, while comprising an average 45% of admissions attributable to auto vs. pedestrian, 38% of falls, and 38% of motor vehicle accidents.

Frequency and percentage of injury admissions by intent of injury and ethnic identifier are presented in Table 3. For persons with Spanish surnames, 40% of all trauma admissions are identified as intentional compared with 64% for others. This table reflects strong differences in admissions between "Latinos" and "others," primarily blacks, by intent of injury.

Table 4 presents a summary of total Trauma Center admissions for persons with Spanish surnames by mechanism of injury and year of admission. Note that statistics for 1987 are projected on an annual basis from actual data obtained for the first six months. As can be seen, there has been a steady decrease in injury admissions, by year, for Latinos. The overall decrease in annual injury admissions is accounted for primarily by a drop in intentional injury admissions. While gunshot wounds and stabbings increased from 1985 to 1986, it appears that both categories will attain three-year lows in 1987. Assaults, meanwhile, have decreased almost 25% in both 1986 and 1987 and have dropped from fourth to sixth among leading causes of injury admissions. In contrast, motor vehicle and auto vs. pedestrian accidents have shown steady increases in frequency and rank and are now the two leading causes of injury admissions for Latinos.

Tables 5 and 6 present two different ways of looking at differences in trauma admissions by sex for people with Spanish surnames. Table 5 shows striking differences in rank and frequency of intentional-injury admissions for males and females. For Latino males, gunshot wounds, assaults and stabbings are the first, third and fourth leading cause of trauma admissions. For females, in contrast, assaults, gunshot wounds and stabbings are the fourth, fifth and seventh leading causes of injury admissions, respectively.

Consideration of percent of intentional injury admissions by sex presents an even more dramatic picture of gender differences as Table 6 reveals. Males account for 91% of all gunshot wound admissions, 86% of assault admissions and 92% of admissions from stabbings. Overall, nine males for every female are admitted for an intentional injury.

Tables 7 and 8 provide two different looks at the association between mechanism of intentional injury admissions and age for Latinos. Table 7 clearly shows that gunshot wounds, assaults, and stabbings are the three leading causes of injury admissions for persons aged 16-35 and the first and second leading causes of trauma admissions for persons aged 36-64. It also shows that intentional injuries are much less common for those under 15 or over 65 years of age, both in terms of frequency and rank.

Table 8 shows striking differences in the distribution of injury admissions by age and mechanism of injury. While gunshot wounds are shown to be the leading cause of intentional injury admissions for children, youth, and adults, youth are the recipients of 74% of all intentional injury admissions. In contrast, adults, children, and the elderly account for 19%, 6%, and less than 1% of intentional injury admissions, respectively. It is particularly noteworthy that only two elderly Latinos were admitted for an intentional injury in 2-1/2 years.

DISCUSSION

In summary, the results of this study show that within the MLK Hospital Trauma Center catchment area: (1) persons with Spanish surnames are 50% more likely to be hospitalized for an unintentional injury than for an intentional injury. This is the reverse of persons without Spanish surnames who are 56% more likely to be hospitalized for an intentional injury than for an unintentional injury; (2) nine times as many males as females with Spanish surnames are hospitalized for intentional injuries; and, (3) youth, ages 16-34, account for 75% of all intentional injury admissions to people with Spanish surnames, while those 65 years of age and over and those under 16, combined, account for only 6% of intentional injury admissions.

Interpretation of these findings is limited by several factors. First, the use of Spanish surname, rather than an ethnic identifier, is problematic, particularly for females. This was unavoidable, however, due to the unavailability of a race/ethnic code in the data set. This was complicated by dependence on this investigator's ability to identify Spanish surnames. Efforts are under way to access a second data set from which it may be possible to obtain a race/ethnic code. In lieu of this, efforts will be taken to get access to a software package which identifies Spanish surnames including uncommon names.

Interpretation of these results also is limited inasmuch as these data represent the frequency of intentional injury admissions to a single hospital and do not reflect the actual prevalence of intentional injury either for a segment of the population or for a geographical area. However, to the extent that there are few, if any, transportation/service alternatives available to residents within the Trauma Center catchment area who experience major trauma, it appears that these data may enable us to establish some rather good estimates of the prevalence of nonfatal intentional injury for minority populations in south-central Los Angeles.

Violence is a complex and dynamic phenomenon. Knowledge of the epidemiology of intentional injury is the first step towards understanding the magnitude and nature of the problem.

Public health and medical professionals, traditionally, have not considered violence a health care issue. The types of questions asked and data recorded reflect this bias. In our efforts to conceptualize prevention strategies, therefore, we must be alert to the theoretical limitations that exist in medical records data and be careful not to attribute causality where it is unwarranted. We must work with professionals from the social and behavioral sciences to ensure that our efforts have a sound theoretical basis, thereby allowing us to focus future research efforts on the potential causes and not merely the symptoms of violence. As we move to gain access to and/or develop other health care data sets that have implications for violence prevention, we must consider the need to gather information about individual behavior and social-environmental conditions that currently are not routinely collected but which will allow us to better understand the underlying causes of violence so that we can develop, implement and evaluate prevention strategies. Only in this way can we begin to get a better picture of not only the who, what, where, when, and how, but of the why.

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Table 1

Frequency and Percentage of Total Admissions by Mechanism of Injury
and Ethnic Group,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Mechanism of Injury</u>	<u>Ethnic Group</u>					
	<u>Spanish Surname</u>		<u>Other</u>		<u>Total</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Gunshot Wound	392	(17)	1,639	(28)	2,031	(25)
Assault	280	(12)	1,283	(22)	1,563	(19)
Stabbing	254	(11)	838	(14)	1,092	(13)
Auto vs. Pedestrian	396	(17)	495	(8)	891	(11)
Falls	333	(15)	551	(9)	884	(11)
Motor Vehicle Accident	309	(13)	507	(9)	816	(10)
Other	215	(9)	341	(6)	556	(7)
Motorcycle Accident	77	(3)	133	(2)	210	(3)
Bicycle	30	(1)	50	(1)	80	(1)
Fire	2	(0)	3	(0)	5	(0)
Total	2,288	(100)	5,841	(100)	8,129	(100)

N = 8,203; 74 missing cases

Table 2

Frequency and Percentage of Leading Causes of Injury Admissions by
Ethnic Group,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Leading Causes of Injury</u>	<u>Ethnic Group</u>					
	<u>Spanish Surname</u>		<u>Other</u>		<u>Total</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Auto vs. Pedestrian	396	(45)	495	(55)	891	(100)
Gunshot Wound	392	(24)	1,639	(76)	2,031	(100)
Falls	333	(38)	551	(62)	884	(100)
Motor Vehicle Accident	309	(38)	507	(62)	816	(100)
Assault	280	(18)	1,283	(82)	1,563	(100)
Stabbing	254	(23)	838	(77)	1,092	(100)
Other	215	(39)	341	(61)	556	(100)
Motorcycle Accident	77	(37)	133	(63)	210	(100)
Bicycle	30	(38)	50	(62)	68	(100)
Fire	2	(40)	3	(60)	5	(100)
Total	2,288		5,841		8,129	

N = 8,203; 74 missing cases

Table 3

Frequency and Percentage of Intent of Injury by Ethnic Group,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Intent of Injury</u>	<u>Ethnic Group</u>					
	<u>Spanish Surname</u>		<u>Other</u>		<u>Total</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Intentional	926	(40)	3,762	(64)	4,688	(58)
Unintentional	1,363	(60)	2,080	(36)	3,443	(42)
Total	2,289	(100)	5,842	(100)	8,131	(100)

N = 8,203; 172 missing cases

Table 4

Frequency and Rank of Spanish Surname Admissions by Mechanism of
Injury and Year of Admission,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Mechanism of Injury</u>	<u>1985</u>		<u>1986</u>		<u>1987*</u>		<u>Total</u>	
	<u>n</u>	<u>Rank</u>	<u>n</u>	<u>Rank</u>	<u>n</u>	<u>Rank</u>	<u>n</u>	<u>Rank</u>
Motor Vehicle Accid.	104	(5)	125	(3)	160	(2)	389	(4)
Auto vs. Pedestrian	157	(2)	148	(2)	184	(1)	489	(1)
Bicycle	7	(9)	18	(9)	10	(9)	35	(9)
Assault	137	(4)	104	(5)	78	(6)	319	(5)
Falls	171	(1)	98	(6)	128	(4)	397	(3)
Fire	2	(10)	0	(10)	0	(10)	2	(10)
Gunshot Wound	147	(3)	180	(1)	130	(3)	457	(2)
Motorcycle Accident	33	(8)	32	(8)	24	(8)	89	(8)
Stabbing	101	(6)	116	(4)	74	(7)	291	(6)
Other	95	(7)	79	(7)	82	(5)	256	(7)
Total	954		900		870		2,724	

* Data for 1987 were projected on an annual basis:
N = 2,742; 18 missing cases

Table 5

Rank and Frequency of Spanish Surname Admissions by Leading Mechanisms of Injury and Sex,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Males</u>		<u>Females</u>	
<u>Rank</u>	<u>n</u>	<u>Rank</u>	<u>n</u>
1. Gunshot Wound	(348)	1. Auto vs. Pedestrian	(101)
2. Auto vs. Pedestrian	(291)	2. Falls	(99)
3. Assault	(239)	3. Motor Vehicle Accident	(82)
4. Stabbing*	(231)	4. Assault	(38)
4. Falls*	(231)	5. Gunshot Wound	(35)
6. Motor Vehicle Accident	(225)	6. Other	(34)
7. Other	(178)	7. Stabbing	(21)

N = 2,260; 46 missing cases

* Tie

Table 6

Frequency and Percent of Spanish Surname Admissions by Mechanism of Intentional Injury and Sex,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Sex</u>	<u>Mechanism of Intentional Injury</u>							
	<u>Gunshot Wound</u>		<u>Assault</u>		<u>Stabbing</u>		<u>Total</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Male	348	(91)	231	(86)	231	(92)	818	(90)
Female	35	(9)	38	(14)	21	(8)	94	(10)
Total	383	(100)	277	(100)	252	(100)	912	(100)

N = 930; 18 missing cases

Table 7

Rank and Frequency of Spanish Surname Admissions by Leading
Mechanism of Injury and Age Category,
MLK Trauma Admissions, January 1, 1985 - June 30, 1987

<u>Age</u>							
<u>0-15</u>		<u>16-35</u>		<u>36-64</u>		<u>65+</u>	
<u>Rank</u>	<u>n</u>	<u>Rank</u>	<u>n</u>	<u>Rank</u>	<u>n</u>	<u>Rank</u>	<u>n</u>
1. Auto vs Ped	(247)	1. GSW	(275)	1. GSW*	(68)	1. Falls	(10)
2. Falls	(185)	2. Assault	(197)	1. Assault*	(68)	2. Auto vs Ped	(9)
3. Other	(54)	3. Stabbing*	(196)	3. MVA	(66)	3. Other	(4)
4. MVA	(36)	3. MVA*	(196)	4. Falls	(54)	4. Assault	(2)
5. GSW	(35)	5. Other	(104)	5. Other	(47)	5. MVA*	(1)
6. Bicycle	(12)	6. Auto vs Ped	(92)	6. Stabbing	(42)	5. Bicycle*	(1)

N = 2,404; 74 missing cases

* Tie

Note. GSW = Gunshot wound; MVA = Motor-vehicle accident.

Table 8

Frequency and Percentage of Spanish Surname Admissions by Age and Mechanism of Intentional Injury,
MLK Trauma Center Admissions, January 1, 1985 - June 30, 1987

<u>Age</u>	<u>Mechanism of Intentional Injury</u>							
	<u>Gunshot Wound</u>		<u>Assault</u>		<u>Stabbing</u>		<u>Total</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
0-15 years	36	(9)	9	(3)	9	(4)	54	(6)
16-35 years	283	(73)	199	(72)	200	(80)	682	(74)
36-64 years	69	(18)	68	(24)	42	(17)	179	(19)
65+ years	0	(0)	2	(1)	0	(0)	2	(0)
Total	388	(100)	278	(100)	251	(100)	917	(100)

N = 930; 13 missing cases

INCIDENCE AND EPIDEMIOLOGIC FEATURES OF ASSAULT- AND FIREARM-RELATED BRAIN INJURIES AMONG HISPANIC AND NON-HISPANIC RESIDENTS IN SAN DIEGO COUNTY, CALIFORNIA, 1981

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ABSTRACT

The incidence and epidemiologic features of brain injuries from assault and firearm-related causes were studied in Hispanic and non-Hispanic residents of San Diego County, California in 1981. Cases were identified from hospital and coroner records. Severity was judged using the Glasgow Coma Scale in those reaching a hospital emergency room alive. Brain injury rates were higher in non-Hispanic compared with Hispanic residents for all age groups. More Hispanic than non-Hispanic brain injuries were mild, reflecting a higher frequency of concussion-type injuries. Among those blood-tested, non-Hispanics had a higher percentage of positive blood-alcohol findings than did Hispanics.

INTRODUCTION

There is very little specific information, nationally or locally, on the incidence of assault-related brain injuries among ethnic or racial subgroups in the population. The failure to characterize such occurrences stems from the fact that not all such injuries are fatal; that is, no death certificate is filed and/or those that are reported (via hospital admissions) may not include ethnic or racial group information. In addition, if such information is collected, there is a likelihood of misclassification; for example, a Mexican-American may be mistakenly recorded as an American Indian.

A 1986 report from the U.S. Centers for Disease Control (1) used homicide data from the southwest region of the United States in which persons were categorized by ethnicity or race. The data source comprised official vital statistics from the states of Arizona, California, Colorado, New Mexico, and Texas: a region including 60% of all Hispanics in residence in the United States. The ethnic/race categories used in the report were Hispanic, Anglo, and Blacks. The average annual homicide rate for Hispanics was 21.6 per 100,000 per year -- intermediate between the rate for Blacks (46.0 per 100,000) and Anglos (7.9 per 100,000). The homicide risk was higher in males than for females within the Hispanic subgroup. The report acknowledges that "Hispanic" included persons of Mexican, Cuban, Puerto Rican, South American, or other origins; hence, the extension of the findings to one of these specific groups in the entire population of the United States should not be undertaken.

A report from California (2) showed findings similar to those above and, in addition, highlighted information on the known relationship of the victim and offender as well as time, location, type of weapon, and contributing circumstances. The data source was the Automated Homicide File and the Monthly Arrest and Citation Register from the California State Bureau of Criminal Statistics and included Offender-Based Transaction Statistics from the state. The findings show that homicides were most common on weekends, occurred most frequently either in a residence or on a street or sidewalk, involved use of a firearm, and were often precipitated by an argument. Gang-related homicides were more common among Hispanics than among other racial or ethnic groups.

A report on the epidemiology of homicide in the city of Los Angeles from 1970-79 (3) also gave results for various ethnic groups, including Hispanics. The homicide rate, based on data from the Los Angeles County coroner, combined with information from the Los Angeles City police department, showed that the rate for male Hispanics was intermediate between that for Black and Anglo males. For females, however, there was no difference in rates for Hispanic, Anglo, or other ethnic groups.

Although it is possible to characterize, generally, the incidence of homicide, we have almost no information on specific forms of injury and their outcomes among Hispanics. The availability of data from a population-based brain injury incidence study in San Diego County, California, offered the opportunity to evaluate this form of injury by comparing Hispanics with non-Hispanic members of the same county on a number of risk factors, medical care factors, and injury outcomes.

METHODS

Members of the cohort were residents of San Diego County, California, who were hospitalized (or died) during calendar year 1981 due to brain injury. Specific details of the study design, study region, case ascertainment, and methodology are reported elsewhere (4-6), and certain relevant points are summarized here.

For purposes of this study, brain injury is physical damage to, or functional impairment of, the cranial contents from acute mechanical energy exchange exclusive of birth trauma. This definition includes concussion, contusion, hemorrhage, or laceration of the brain whether due to blunt or penetrating forces. It does not include fracture of the skull or facial bones, or injury to the soft tissues of the eye, ear, or face without concurrent brain injury. Information was ascertained on persons with autopsy evidence of brain injury who died at the injury scene or were dead on arrival at an emergency room and on persons admitted to a hospital with physician-diagnosed brain injury.

Brain injury cases were identified from emergency room and inpatient hospital records of acute-care general hospitals in the county, all coroners' records in San Diego County and the adjoining counties of Imperial, Orange, and Riverside; all death certificates (regardless of cause or place of death) for residents of San Diego County; a survey of all 71 nursing homes and 411 extended-care facilities in San Diego County; and reviews of the nine major hospitals in the three counties bordering San Diego County. Autopsy and coroners' records were obtained for fatalities identified through any source.

For people surviving until hospital admission, the Glasgow Coma Scale (7) (GCS) was used to assess the level of brain injury severity. This scale, which was designed to assess impaired consciousness in persons with diffuse brain damage, is used consistently in all San Diego County emergency rooms. For patients where a verbal response was not recorded (e.g., because of intubation), verbal response was assumed to be unimpaired if eye and motor response were unimpaired. For a small number (less than 1%) of severely injured patients for whom the GCS was not assessable, the medical chart was examined thoroughly and all relevant clinical information was used to judge brain injury severity. The GCS used for these analyses was measured upon arrival at the emergency room.

Patients admitted with a GCS of 8 or lower were defined as "severe" cases. Patients admitted with a GCS of 9 or greater were defined as "moderate" if they had a hospital stay of at least 48 hours and either a GCS below 13, an abnormal computerized axial tomography (CAT) scan, or brain surgery. All other cases were termed "mild." These categories and criteria are consistent with those suggested by Jennett and Teasdale (7) and Levin, et al.(8).

Rates of neurologic limitation were derived for all moderately or severely brain-injured persons admitted to a hospital, and these rates were age-adjusted to the brain injury severity for all persons at time of emergency room treatment. Neurolimitations included only physician-diagnosed neurologic deficits or limitations at time of hospital discharge and such diagnoses as posttraumatic seizures or difficulty with speech or gait.

Persons under the age of 15 were excluded from the analysis on blood alcohol because they are not generally blood-tested by either hospitals or coroners. Blood-alcohol samples were generally obtained while the person was in the emergency room, and results were abstracted as recorded in the hospital record or in the coroner's report and were not based on police reports. Most hospitals and coroners used a gas chromatographic method to determine blood-alcohol concentration.

The analyses reported in this document were restricted to those persons who sustained an injury from assaultive causes, that is, with an International Classification of Disease, 9th Revision (clinical modification) External Cause Codes of 960-969. This group of codes includes homicide and injury purposely inflicted by other persons. Specifically, these codes encompass injuries from fights, brawls, or rapes involving blunt or penetrating damage to the brain from firearms or explosives or cutting and piercing instruments or other means. These codes include child battering, injuries from pushing from high places, or striking with blunt or thrown objects.

Ethnicity or race was accepted as written in the hospital or coroner's record. If no race or ethnicity was recorded, the name was matched to a standard list of Hispanic surnames. If no match was found, the individual was classified as "non-Hispanic." This process was necessary for about one-quarter of all assault cases.

RESULTS

Table 1 gives the number of assault and firearm brain injury cases, the relevant population at risk, and pertinent rates by age. The brain injury rate from assault/firearm causes was about twice as high for non-Hispanics as for Hispanics. For both Hispanic and non-Hispanic members of the population, rates are highest for persons aged 15-24 years. Except for younger non-Hispanics, the rates are higher for males than for females for all ages (not shown in table).

Severity. The severity distribution of the brain injuries for Hispanics was vastly different from that for non-Hispanics (Table 2). Seventy-five percent of brain injuries for Hispanics were mild compared with 56% for non-Hispanics. In contrast, 30% of non-Hispanics compared with 8% for Hispanics had brain injuries which were fatal at the scene of the injury or who were pronounced dead at the emergency room.

The difference in severity distributions by ethnicity probably reflects the differences in external cause of the injury; that is, gunshots to the brain are far more lethal than are blows from fists or clubs. The data in Table 3 show that 4 of 48 cases (8%) of assault-related brain injuries were from firearms for Hispanics compared with 34% (188 of 546) for non-Hispanics: a ratio of about 1 to 4.

The percent distribution of assault and firearm brain injuries by type of emergency transport (Table 4) shows roughly similar results regardless of ethnicity. A slightly higher proportion of members of the Hispanic population compared with non-Hispanics used private vehicles for emergency transport, whereas no Hispanics were transported in helicopter or police vehicles.

Forty-five percent of Hispanic persons with brain injuries arrived at an emergency room within 30 minutes of injury compared with 34% of non-Hispanics. At one hour postinjury, 68% of Hispanics compared with 55% for non-Hispanics had arrived at an emergency treatment facility (Table 5).

Two-thirds of brain injuries among members of the Hispanic population had a physician-diagnosed concussion (Table 6). The figure for non-Hispanics was 49%. A far greater proportion of non-Hispanics had a contusion, laceration, or hemorrhage of the brain than did Hispanics.

Blood-alcohol testing and blood-alcohol-concentration results were evaluated for those aged 15 years and older among the assault/firearm brain-injured group. Forty-four percent of Hispanics and 56% of non-Hispanics were tested for blood alcohol while in the hospital emergency room. The results are seen in Table 7. Sixty-two percent of brain-injured Hispanics who were tested had a BAC level above 100 mg%, which is the level of legal intoxication in California. The figure for non-Hispanics was 34%.

The percentages and cumulative percentages of hospital days by ethnicity are given in Table 8. There are some differences in length of hospital stay between the ethnic groups. For example, 32% of Hispanics compared with 38% non-Hispanics had a hospital stay of less than two days, probably reflecting the higher severity of injury in the non-Hispanic group.

Ninety percent of all Hispanics with a brain injury had a good recovery following the injury compared with only 60% among non-Hispanics in the same population (Table 9).

DISCUSSION AND SUMMARY

The procedures to identify ethnicity of brain-injured persons for purposes of this study were not ideal. That is, we were dependent upon information recorded on hospital records or coroner's reports or on the surname. The possibility for misclassification exists; to what extent is unknown. Nonetheless, for a substantial proportion of persons, ethnicity was recorded; and the use of a standard list of Hispanic surnames for the purposes of classification increased the proportion significantly. This list would miss certain females if their married names were culturally different from their birth names. The information available allowed a reasonable approximation of the distribution of injuries by ethnicity in San Diego County.

One of the major findings of the study was the differential risk of brain injury between Hispanic and non-Hispanic members of the San Diego County population, but reasons for the twofold increase in risk are not easily explained. It is possible that Hispanic members of the population have a tendency not to seek hospital care for such injuries, particularly if they are not of a severe nature. On the other hand, a high proportion of severe brain injuries in the non-Hispanic group suggests that this is not the case -- that, in fact, there is a lesser incidence of assault- or firearm-related brain injuries in the Hispanic community. It should also be pointed out that San Diego County has a large Mexican-American transient

population because of its adjacency to the Mexican border. Such persons were, however, routinely excluded from the analysis.

Thirty-eight percent of non-Hispanic compared with 8% of Hispanic had severe injuries or were "dead on arrival" as a result of brain injuries. This severity was consistent with the fact that one-third of the non-Hispanic brain injuries were from firearms, an external cause having very serious outcomes. This finding is also reflected in the data with regard to the nature of the injury. That is, clearly two-thirds of injuries to Hispanic members of the population were from concussion, whereas almost 40% of the non-Hispanic group had contusion, laceration, or hemorrhage, reflecting the severe nature of penetrating brain trauma from firearms.

The high proportion of brain-injured Hispanic members of the population who were legally intoxicated compared to the non-Hispanic group is also not easily explained. The non-Hispanic population consists of Caucasians, Blacks, and persons of Asian ancestry. Differential alcohol use by Hispanic versus non-Hispanic groups has not been established for this population.

This descriptive study shows, for the first time, a differential risk in brain injury from assault- or firearm-related causes between Hispanic and non-Hispanic members of the community. The reasons for this differential are not easily understood, yet they do involve a high proportion of severe or fatal assaultive brain injuries, proportionately more for non-Hispanic than for Hispanic members of the population. These phenomena need to be explored far more closely than was possible with the existing data.

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Table 1

Number and Rate per 100,000 of Assault- or Firearm-Related Brain Injury
by Ethnicity and Age, San Diego County, California, 1981

<u>Age</u>	<u>Hispanic</u>			<u>Non-Hispanic</u>		
	<u>Number Injured</u>	<u>Population (x 1,000)</u>	<u>Rate per 100,000</u>	<u>Number Injured</u>	<u>Population (x 1,000)</u>	<u>Rate per 100,000</u>
<5	1	31.6	3.2	18	97.4	18.5
5-14	2	55.9	3.6	13	199.0	6.5
15-24	27	68.4	39.4	191	337.2	56.7
25-44	15	75.2	20.0	195	468.8	41.6
45-64	3	33.7	8.9	82	302.7	27.1
65+	0	10.3	0.0	47	181.4	25.9
All Ages	48	275.1	17.4	546	1,586.5	34.4

Table 2

Number and Percent Brain Injuries by Severity and Ethnicity,
San Diego County, California, 1981

Severity of Brain Injury	<u>Hispanic</u>		<u>Non-Hispanic</u>	
	Number Injured	Percent	Number Injured	Percent
Mild	36	75	306	56
Moderate	8	17	29	5
Severe	--	--	45	8
DOA	4	8	166	30
All Severities	48	100	546	99

Table 3

Number and Percent Brain Injuries by Ethnicity and External Cause of Injury,
San Diego County, California, 1981

Severity	<u>Hispanic</u>				<u>Non-Hispanic</u>			
	<u>Assault</u>		<u>Firearm</u>		<u>Assault</u>		<u>Firearm</u>	
	No.	%	No.	%	No.	%	No.	%
DOA	1	2	3	--	13	4	153	81
Severe	--	--	--	--	17	5	28	15
Moderate	8	18	--	--	24	7	5	3
Mild	35	80	1	--	304	85	2	1
All Severities	44	100	4	--	358	101	188	100

Table 4

Percent Brain Injuries by Method of Emergency Transport
and Ethnicity, San Diego County, California, 1981

Type of Transport	Hispanic	Non-Hispanic
Paramedic	37	35
Ambulance	13	19
Private Vehicle	50	32
Helicopter	--	1
Police Vehicle	--	8
Other	--	6
All Types	100	101

Table 5

Percent and Cumulative Percent of Assault- or Firearm-Related Brain Injuries by Lapse Time from Injury to Hospital Emergency Room Arrival and Ethnicity, San Diego County, California, 1981

Lapse Time (Minutes)	<u>Hispanic</u> ¹		<u>Non-Hispanic</u> ²	
	Percent	Cumulative Percent	Percent	Cumulative Percent
≤30	45	45	34	34
30-60	23	68	21	55
60-119	14	82	16	71
120+	18	100	29	100

¹Excludes 22 of 48 cases with no data on lapse time.

²Excludes 292 of 546 cases with no data on lapse time.

Table 6

Number and Percent of Brain Injuries from Assault or Firearm Causes
by Diagnosis and Ethnicity, San Diego County, California, 1981

Diagnosis	<u>Hispanic</u>		<u>Non-Hispanic</u>	
	Number	Percent	Number	Percent
Contusion/ Laceration/ Hemorrhage	9	19	212	39
with fracture	(6)	(13)	(31)	(6)
no fracture	(3)	(6)	(181)	(33)
Other Intracranial	7	15	68	12
with fracture	(-)	(-)	(8)	(1)
no fracture	(7)	(15)	(60)	(11)
Concussion	32	67	266	49
with fracture	(3)	(6)	(34)	(6)
no fracture	(29)	(60)	(232)	(43)
All	48	101	546	100
with fracture	(9)	(19)	(73)	(13)
no fracture	(39)	(81)	(473)	(87)

Table 7

Percent Prevalence of Blood Alcohol by BAC Level and Ethnicity,
San Diego County, California, 1981

BAC Level (in mg%)	<u>Hispanic</u>	<u>Non-Hispanic</u>
	Percent	Percent
0	38	56
1-99	0	9
100+	62	34
All Levels	100	99
Percent Tested	44	56

Table 8

Percent and Cumulative Percent of Assault- or Firearm-Related
Brain Injuries by Length of Hospital Stay and Ethnicity,
San Diego, California, 1981

Hospital Days	<u>Hispanic</u>		<u>Non-Hispanic</u>	
	Percent	Cumulative Percent	Percent	Cumulative Percent
<1	7	7	10	10
1-2	25	32	28	38
2-4	32	64	31	69
4-7	23	87	15	84
7-14	11	98	9	93
14-28	2	100	2	95
28+	0	100	5	100
All Days	100	--	100	--

Table 9

Number and Percent of Assault- or Firearm-Related Brain Injuries
by Ethnicity and Glasgow Outcome Scale,
San Diego County, California, 1981

Glasgow Outcome Scale	<u>Hispanic</u>		<u>Non-Hispanic</u>	
	Number	Percent	Number	Percent
Good Recovery	43	90	330	60
Moderate Disability	1	2	11	2
Severe Disability	--	--	4	1
Persistent Vegetative State			1	0
In-Hospital Death	4	8	200	37
All GOS Levels	48	100	546	100

